

PENSION ADMINISTRATION REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS
 (Mandatory Fields * Conditional Mandatory Fields **)



Form Reference No : **FP 0000000**

1. *REGISTRATION TYPE - Please tick as applicable

New Reg/TPin Regularisation ReCapturing MicroPension

TPIN (TPin Regularisation Only)

2. PERSONAL DATA

* Surname

* First Name

Middle Name

* Title

* Marital Status

* Gender

_____ (Mr/ Mrs Ms/ Miss) _____ SG - Single /MD - Married WD - Widowed/DV - Divorced SP - Separated _____ (M/F)

* Date of Birth (DD / MMM / YYYY)

** LGA Code ** State of Origin

____ / ____ / ____ _____

(E.g : 01 / JAN / 2000)

* Place of Birth

(See attached code list)

* Nationality

Maiden/Former Name

Residential Address

* Location Nigeria P.O Box House No./Name

Abroad Nigeria _____

Street Name

** Village/ Town/ City

** State Code

Zip Code

** LGA Code

* Country Code

* Phone Number (Dialing Code + Mobile Number)

Email Address

3. EMPLOYMENT RECORDS

* Sector

Classification

Public Sector (Fed & State) - 01

Private Sector - 02 MicroPension - 03

Cross Border - 04

* Employer Name (In Full)

* Nature of Business

(for informal sector employee only)

** IPPIS

** Date of Joining IPPIS (DD / MMM / YYYY)

** IPPIS No.

Yes

No

Organisation Address

P.O Box/PMB

Building No./Name

** Location

Abroad Nigeria

Street Name

Zip Code

** LGA Code

** State Code

* State of Posting

** Village / Town/ City

** Country Code

Employer's Phone Number (Dialing Code + Mobile Number)

** Employee ID

** Service ID No. (Police/Para Military)

**Date of First Appointment (DD / MMM / YYYY) – Public Sector only

____ / ____ / ____

Date of Current Appointment (DD / MMM / YYYY) – Public and Private Only

____ / ____ / ____

** Date of Transfer of Service (DD / MMM / YYYY) -- Public Sector only

____ / ____ / ____

** Date of Retirement (DD / MMM / YYYY)

____ / ____ / ____

** Designation

Official Email Address

4. PERSONAL IDENTIFICATION

** ID Number / Int'l Passport Number for Non-Nigerians only

* National Identity Number (NIN)

Bank Verification Number (BVN)

RECAPTURE ONLY

*RSA STATUS

Active

Retiree

*RSA PIN

* PFA Code

PEN _____

Employer Name

Employer Code (To be provided by PFA)

Other RSA PIN and PFA where applicable

PFA Code

PEN _____

5. MONTHLY PENSION CONTRIBUTION - In Naira

Employee Monthly Contr.

Employer Monthly Contr.

Additional Voluntary Contr.

Total Contr.

Customer's Bank Name

Customer's Account Number

6. NEXT OF KIN (NOK) DETAILS

* Surname

* First Name

Middle Name

* Title (Mr/ Mrs Ms/ Miss) * Relationship

* Gender (M/F) Dialing Code * Mobile Number

NOK's Correspondence Address

* Location Abroad Nigeria P.O Box/PMB House No./Name

Street Name

** Village / Town/ City ** State Code

** Zip Code ** LGA Code * Country Code

Email Address

7. DATA CONSENT

By completing this form or submitting your personal data, you acknowledge that you have read, understood, and agreed to the terms of Fidelity Pension Managers Limited Privacy Notice which can be found on our website, <https://fidelitypensionmanagers.com/Home/PrivacyPolicy>

Please check our Privacy Policy regularly to stay updated on any changes I AGREE

8. SALARY STRUCTURE - Treasury Funded Agencies Only

** Harmonised Salary Structure (2004) (Eg. HAPSS, HATISS)

** Consolidated Salary Structure (2007) (Eg. COMPSS, CONTISS)

** Consolidated Salary Structure (2010) (Eg. COMPSS, CONTISS)

** Consolidated Salary Structure (2013) (Eg. COMPSS, CONTISS)

** Consolidated Salary Structure (2016) (Eg. COMPSS, CONTISS)

** Current Salary Structure (Eg. ENCONTISS)

**GL as at June 2004 ** GL as at Jan 2007 ** GL as at 2010

** GL as at 2013 ** GL as at 2016 **Current GL

**Step as at June 2004 **Step as at Jan 2007 **Step as at Jan 2010

**GL as at 2013 *Step as at 2016 **Current Step

9. APPLICANT BIOMETRIC

PLEASE PLACE PASSPORT PHOTO HERE

LEFT THUMBPRINT

RIGHT THUMBPRINT

PLEASE SIGN HERE

* Date (DD / MMM / YYYY)

10. APPLICANT CERTIFICATION

I hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom) Upon request by my Pension fund Administrator for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secured and protected.

PLEASE SIGN HERE **

Customer's Name

* Date (DD / MMM / YYYY)

FOR OFFICIAL USE ONLY

Does the applicant have any Physical Challenge relating to fingerprint?

YES NO OTHERS

If YES, Tick Type : PARTIAL COMPLETE Supporting Documents YES NO

* Agent Code

* PFA Code

PLEASE SIGN HERE