

Form Reference Number

Form reference number grid



Stanbic IBTC Pension Managers

PASSPORT PHOTO HERE

NAME SHOULD BE BOLDLY WRITTEN AT THE BACK OF THE PASSPORT

(With a White Background)

* Are You registered with any Pension Fund Administrator (PFA)? YES [] NO []

SIGNATURE HERE

PENSION ADMINISTRATION REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS. All asterisked fields are compulsory.

SECTION 1: PERSONAL DATA

1a. Personal Data

Personal data fields: Surname, First Name, Middle Name, Date of Birth, Gender, State of Origin, Mother's Maiden Name, Means of ID, Int'l Passport, Driving License, National ID, Voter's Card, ID Number, Religion, Place of Birth, Bank Verification Number (BVN), National Identity Card No (NIMC No)

1b. Residential Address

Residential address fields: Residential Address (as contained on the Proof of Address), Residential Address (Line 2), Postal/Correspondence address, Postal/Correspondence address 2, Country Code, Contact Phone No, State Code, ZIP Code (If abroad), Email Address (Personal)

SECTION 2: EMPLOYMENT RECORD

Employment record fields: Sector Classification, Employer RC Number, Employer Name in Full, Office Address, Town, State (See Attachment)

PENSION ADMINISTRATION REGISTRATION FORM

Form Reference Number

[Form boxes for Form Reference Number]



Designation

State of Posting

LGA Code

ZIP Code (If abroad)

[Form boxes for Designation, State of Posting, LGA Code, ZIP Code]

Staff File No./ID No.

Highest Qualification e.g (BSC, HND, PHD)

Type of Employment

[Form boxes for Staff File No./ID No., Highest Qualification, Type of Employment]

Email Address (Official)

[Form boxes for Email Address]

Date of First Appointment (Public Sector, Fed. & State, Private Sector)

Date of Current Employment (Private Sector) (DD/MM/YYYY)

[Form boxes for Dates of Appointment and Employment]

SECTION 3: PREVIOUS EMPLOYMENT RECORD

Self Employed (Please tick here if self employed)

Business or Company Name in Full e.g. A-Z Business Limited.

[Form boxes for Business or Company Name]

Office Address

[Form boxes for Office Address]

Town

State (See Attachment)

[Form boxes for Town and State]

SECTION 4: NEXT OF KIN DETAILS

Surname

First Name

Title

[Form boxes for Surname, First Name, Title]

Middle Name

Gender (M/F)

State of Origin

Relationship

[Form boxes for Middle Name, Gender, State of Origin, Relationship]

Residential Address

[Form boxes for Residential Address]

Town

Country Code

Contact Phone No.

[Form boxes for Town, Country Code, Contact Phone No.]

ZIP Code (If abroad)

Country

Country Code

Mobile/Tel. No

[Form boxes for ZIP Code, Country, Country Code, Mobile/Tel. No.]

Email

(International Mobile/Tel. Number (for employees working abroad))

[Form boxes for Email]

SECTION 5: ATTACHED PROOF OF ADDRESS

(Please tick one as appropriate)

[Form boxes for Utility bill, Drivers License, Tenancy Agreements, Voters Card, National ID Card, Bank Statement]

SECTION 6: ATTACHED PERSONAL IDENTIFICATION DOCUMENT

(Please tick one as appropriate)

[Form boxes for Bio Data Page of Current Int'l Passport, Official/Company Identification Card, Drivers License Card, National Identity Card]

SECTION 7: SALARY STRUCTURE/MONTHLY PENSION CONTRIBUTION

7a. For Public Sector Only

Harmonised Salary Structure as at 2004

Consolidated Salary Structure as at 2007

Consolidated Salary Structure as at 2010

[Form boxes for Salary Structure as at 2004, 2007, 2010]

GL as at June 2004 Step as at June 2004

GL as at Jan 2007 Step as at Jan 2007

GL as at 2010 Step as at 2010

[Form boxes for GL and Step as at various dates]

7b. For Public Sector Only (e.g HAPSS, HATISS)

Current Salary Structure

Expected Monthly Pension Contribution

Employer Contribution

[Form boxes for Current Salary Structure, Employee Contribution, Employer Contribution]

Grade Level

Step

Total Contribution

Voluntary Contribution

[Form boxes for Grade Level, Step, Total Contribution, Voluntary Contribution]

PENSION ADMINISTRATION REGISTRATION FORM

7c. For Private Sector Only

Annual Basic Salary * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	Annual Transport Allowance * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	Informal sector, Formal Sector (if any) & Cross-border Workers Voluntary Contribution * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>
Annual Housing Allowance * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	Other Pensionable Allowance * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	Monthly Contribution (Informal Sector Workers Only) * N <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>

SECTION 8: NOTIFICATION SETUP - Please select as appropriate

How would you like to receive your vital documents?
 [Welcome letters, Statement of Account, Other Vital Information]

Post/Courier E-mail Only

* Please sign within the box printed to authorise request.

Signature sign-off here

SECTION 9: CERTIFICATION

I hereby certify that the information provided in this form is true and correct.

Signature

*

Signature sign-off here

(Please sign within box)

Date of Certification (DD/MM/YYYY)

/
 /

	Little Finger print	Ring Finger print	Middle Finger print	Index Finger print	Thumb print
* Left	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>
* Right	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>

FOR INTERNAL USE ONLY

SECTION 10 - CERTIFICATION

<p>SALES REPRESENTATIVE I hereby certify that I have sighted the original copies of documents provided by the RSA holder and that the information given above is correct to the best of my knowledge.</p> <div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;">* </div> <p style="text-align: center;">AUTHORISED SIPML AGENT</p> <p>Agent Name: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Agent Location: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Agent Phone Number: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Agent Designation: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>	<p>CLIENT RECORDS REPRESENTATIVE I hereby verify that the form was correctly completed and relevant documents attached.</p> <div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;">* </div> <p style="text-align: center;">AUTHORISED SIGNATORY</p> <p>SIPML Rep Name: <input style="width: 100%; height: 20px;" type="text"/></p> <p>SIPML Rep Designation: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
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<p>OFFICIAL USE ONLY</p> <p>Form Reference Number: <input style="width: 100%; height: 20px;" type="text"/></p>	<p>Biometrics Registration Number (BRN): <input style="width: 100%; height: 20px;" type="text"/></p> <p>Agent Code: <input style="width: 100%; height: 20px;" type="text"/></p>
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