

Write in Capital Letters Only / Please use black ink only / *Mandatory / **Conditionally Mandatory

SECTION 1: PERSONAL DATA

*Form Reference Number (For official use only)

*Registration Type New Registration TPIN Regularization

**Temporary PIN (if applicable)

*Title Mr Mrs Miss Ms

*First Name

Middle Name

*Surname

Maiden/Former Name

*Gender Male Female *Marital Status Married Single Divorced Widowed Separated

*Nationality

**State of Origin

**LGA of Origin

*Place of Birth (City/Village)

BVN

*National Identity Number (NIN)

*Date of Birth dd mm yyyy

Residential Address

*Location Nigeria Abroad

House No./Name Street Name

**Village/Town/City

*Country of Residence Code **State of Residence Code

**ZIP Code P.O.BOX/PMB

Personal E-mail

*Phone No. (Country Code + Tel./Mobile Number)

SECTION 2: EMPLOYMENT RECORDS

*Employer Type Federal Government (PU) State Government (SU) Private Registered Companies – Limited (Ltd) and Public (Plc) (PR)

Business Names, Law Firms, Hospitals, Schools, etc. (BR) Foreign Agencies (FR) Embassies (EM) Non-Government Organisations (NG)

Unions (UN) Micro Pension Plan Employers (MP) Cross Boarder Employers (CB)

**Employer Name

(In full e.g. National Pension Commission not PenCom)

Employer Address

**Location Nigeria Abroad Building No./Name

Street Name **Village/Town/City

**LGA Code **State Code

*Country Code **ZIP Code P.O. Box/P.M.B.

Employer's Phone: (Country Code + Mobile Number)

**Employee ID/No. (Public, Private sector & Cross border employees only)

*Nature of Business (Informal Sector Only)

**Date of First Appointment dd mm yyyy Date of Current Employment dd mm yyyy
(FG Employees Only)

SECTION 3: NEXT OF KIN'S PERSONAL DATA

*Title Mr Mrs Miss Ms Others *Gender Male Female

*First Name

Middle Name

*Surname

*Relationship

NOK Address

*Location Nigeria Abroad

House No./Name Street Name

**Village/Town/City **LGA Code

**State Code

ZIP Code P.O.BOX/PMB

Email *Phone No.
(Country code + Tel/Mobile number)

*FUND OPTIONS

FUND I (Strictly by choice for Age ≤ 49 yrs)

FUND II (Age ≤ 49 yrs)

FUND III (Age ≥ 50 yrs)

FUND IV (Strictly for Retirees)

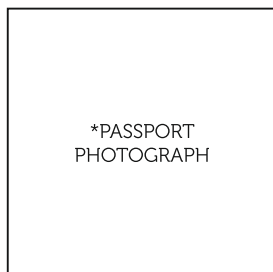
AUTHORIZATION: I hereby authorize Sigma Pensions to invest my RSA Contributions as indicated above.

I hereby consent to have my statement of account delivered by email

*CERTIFICATION

I hereby certify that the information provided in this form is correct. I further consent and authorize the 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 secure and protected.

BIOMETRICS



Form Reference No: 24CR

REP CODE

**Signature:

DOCUMENTS REQUIRED

1. One recent Passport photograph '4"4' (with white background)
2. Letter of Employment or Letter of Appointment (in the case of employees of the Private Sector and Public Sector Self-Funded Agencies)
3. Letter of First Appointment or Attestation Letter (in the case of employees of the Public Sector Treasury-Funded Agencies)
4. Valid means of Identification (any of the following):
 - National Driver's License
 - Permanent Voter's Card (PVC)
 - International Passport
 - Staff Identity Card
5. National Identity Card/ Enrolment Slip

***IMPORTANT:** Please note that the exercise is incomplete until all documents required are submitted.

Sigma Pensions Limited

HEAD OFFICE: Ground & 4th Floor, Oakland Centre, 48 Aguiyi Ironsi Street, Maitama, Abuja
RC: 606338 TEL: 09-4613333, HOTLINE: 0700SIGMAPENSIONS, EMAIL: info@sigmapensions.com
WEBSITE: www.sigmapensions.com     @sigmapensions