2, Adeyemo Alakija Street, Victoria Island, Lagos Nigeria

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## PENSION ADMINISTRATION REGISTRATION FORM

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



Form Reference FP 000000	Email Address	** Date of Retirement (DD/MMM/YYYY)
<b>1.*REGISTRATION TYPE -</b> Please tick as applicable		**Designation
■ New Reg/TPin Regularisation ■ ReCapturing ■ MicroPension		/Rank
TPIN (TPin Regularisation Only)	3. EMPLOYMENT RECORD  * Soctor Public Sector (Fed & State ) - 01	Official Email Address
	* Sector Public Sector (Fed & State ) - 01  Private Sector - 02 MicroPension - 03  Cross Border - 04	
2. PERSONAL DATA	* Employer Name (In Full )	4. PERSONAL IDENTIFICATION
* Surname		** ID Number / Int'l Passport Number for Non-Nigerians only
* First Name	* Nature of Business (for informal sector employee only)	* National Identity Number (NIN)
	** IPPIS ** Date of Joining IPPIS ( DD /MMM/ YYYY) ** IPPIS No.	
Middle Name	Yes / / /	Bank Verification Number (BVN)
	No Control All	
* Title	Organisation Address P.O Box/PMB Building No./Name ** Location	RECAPTURE ONLY
(Mr/ Mrs SG - Single /MD - Married WD - Widowed/DV - Divorced (M/F)	Abroad Nigeria	*RSA STATUS Active Retiree
SP - Separated	Street Name	*RSA PIN *PFA Code
* Date of Birth (DD/MMM/YYYY) ** LGA Code ** State of Origin	Street Name	PEN
(E.g.:01/JAN/2000)		
Place of Birth	Zip Code ** LGA Code ** State Code * State of Posting	Employer Name
* Nationality		
Maiden/Former Name	** Village / Town/ City ** Country Code	Employer Code #
Residential Address * Location Nigeria P.O Box House No./Name		Other RSA PIN and PFA where applicable PFA Code
* Location Nigeria P.O Box House No./Name  Abroad Nigeria House No./Name	Employer's Phone Number (Dialing Code + Mobile Number)	PEN THE THE TENT THE
Street Name	** Employee ID ** Service ID No. (Police/Para Military)	5. MONTHLY PENSION CONTRIBUTION - In Naira
		Employee Monthly Contr. Employer Monthly Contr.
** Village/ Town/ City ** State Code	** Date First Appointment ( DD /MMM / YYYY ) – Public Sector only	
** Village/ Town/ City *** State Code		Additional Voluntary Contr. Total Contr.
	Date of Current Appointment ( DD /MMM / YYYY) – Public and Private Only	
Zip Code ** LGA Code Country Code		Customer's Bank Name
* Phone Number (Dialing Code + Mobile Number)	** Date of Transfer of Service (DD/MMM/YYYY) Public Sector only	
		Customer's Account Number

## PENSION ADMINISTRATION REGISTRATION FORM

6. NEXT OF KIN (NOK) DETAILS	8. SALARY STRUCTURE -	Treasury Funded Agencies Only	9. APPLICANT CERTIFICATION
* Surname  * First Name	**Harmonised Salary Structure (2 ( Eg. HAPSS, HATISS ) ** Consolidated Salary Structure ( ( Eg. COMPSS, CONTISS )		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.
Middle Name	**Consolidated Salary Structure ( ( Eg. COMPSS, CONTISS )  ** Consolidated Salary Structure (		PLEASE SIGN HERE **
	( Eg. COMPSS, CONTISS )		
* Title	** Consolidated Salary Structure ( ( Eg. COMPSS, CONTISS )	2016)	Customer's Name
(Mr/ Mrs Ms/ Miss)	** Current Salary Structure ( Eg. ENCONTISS )		
* Gender Dialing Code * Mobile Number		as at ** GL as at	* Date(DD/MMM/YYYY)
(M/F)	June 2004 Jan	2007 2010	
NOK's Correspondence Address	** GL as at		
* Location P.O Box/PMB House No./Name  Abroad Nigeria	**Step as at **Step June 2004 Jan 20		
Street Name	**GL as at * *Step a 2013 2016	**Current Step	
	7. APPLICANT BIOMETR	RIC	FOR OFFICIAL LIST ONLY
			FUR OFFICIAL USE UNLY ————
** Village / Town/ City			FOR OFFICIAL USE ONLY
** Village / Town/ City ** State Code			
** Village / Town/ City  ** State Code  ** Zip Code  ** Zip Code  ** Country  Code  ** Code		LEFT RIGHT THUMBPRINT THUMBPRINT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents Documents
** Zip Code ** Country Code	PLEASE PLACE	LEFT RIGHT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting
** Zip Code ** Country Code	PLEASE PLACE	LEFT RIGHT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents COMPLETE YES NO  * Agent Code
** Zip Code ** Country Code	PLEASE PLACE	LEFT RIGHT THUMBPRINT THUMBPRINT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents COMPLETE YES NO
** Zip Code ** Country Code	PLEASE PLACE PASSPORT PHOTO HERE	LEFT RIGHT THUMBPRINT THUMBPRINT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents COMPLETE YES NO  * Agent Code
** Zip Code ** Country Code	PLEASE PLACE PASSPORT PHOTO HERE	LEFT RIGHT THUMBPRINT THUMBPRINT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents COMPLETE YES NO  * Agent Code
** Zip Code ** Country Code	PLEASE PLACE PASSPORT PHOTO HERE	LEFT RIGHT THUMBPRINT THUMBPRINT	Does the applicant have any Physical Challenge relating to fingerprint?  YES NO OTHERS Supporting Documents COMPLETE YES NO  * Agent Code  * PFA Code