

**APPENDIX B**

**PENSION ADMINISTRATION EMPLOYER INITIATED REGISTRATION FORM**

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

**SECTION 1: PERSONAL DATA**

Complete Surname, Firstname, Middlename and Mother's Maiden Name in FULL

Recent Passport Photo  
(with a white background)

1.a \* Title (Mr, Mrs, Miss & Ms)

\* Surname

\* First Name

Middle Name



\* Gender (M/F)  \* Marital Status  (MD/SG/DV/WD/SP) \* Nationality

\*\* State of Origin (If Nationality is Nigerian)  \*\* Local Government Area (If Nationality is Nigerian)

\* Date of Birth (DD/MM/YYYY) \*sample date 14/01/1970

**1.b Residential Address**

\* House No./Name

\* Street Name

\* Village/Town/City

\* Local Government Area

\* State of Residence

**1.c Correspondence Address** (Where you would want correspondences sent to)

\* Building No./Name

\* Street Name

\* Village/Town/City

\* Local Government Area

\* State

P.O.Box or PMB(if any)

\* Mobile No.

**SECTION 2: EMPLOYMENT RECORD**

**2.a \* Sector classification**

(Formal Sector Employees-01)  (Cross Border Employees-03)

\* Employer Name (in Full e.g National Pension Commission NOT PenCom)

Employer Name (line 2)

**2.b Current Business Location/Address**

\* Building No./Name

\* Street Name

\* Village/Town/City

\* Local Government Area

\* State

\*\* Country

2.c Employee ID/No. (Formal & Cross-border Employees Only)

Grid for Employee ID/No.

Designation/Rank

\*\* Service/ID No. (Police & Paramilitary Only)

Grid for Service/ID No.

Office Tel. No.

Official Email Address (if any)

2.d Date of First Appointment (Public Sector - Fed. & States-LG) \*\* (DD/MM/YYYY)

Grid for Date of First Appointment

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

Grid for Date of Current Employment

SECTION 3: Monthly Pension Contribution

3.a Monthly Pension Contribution for Public and Private Sector Employees

Monthly Total Emolument

Expected Employer Monthly Contribution

Expected Employee Monthly Contribution

SECTION 4: Next of Kin's Personal Data

4.a Next of Kin's Personal Details

Surname, Gender (M/F), Title

First Name

Middle Name

Relationship

4.b Correspondence Address

House No./Name

Street Name

Village/Town/City

Local Government Area

State of Residence

Email

Mobile/Tel. (Nigerian No. if any)

International Mobile/Tel. Number (if any) Country Code Number

SECTION 5: Employer Certification

5.a EMPLOYER CERTIFICATION. I hereby certify that the information provided above by the me is correct to the best of my knowledge. This form was filled by: Surname, First Name, Designation, Signature, Date.

SECTION 6: For Official Use Only

6.a PENSION OPERATOR CERTIFICATION. I hereby certify that the information provided above by the employer is correct to the best of my knowledge. This form was administered by: Surname, First Name, Designation, Signature, Date.

NOTE \* = indicates mandatory fields \*\* = indicates Conditional mandatory fields