

# RETIREMENT SAVINGS ACCOUNT OPENING FORM

FORM/RSA/01



## 1. Personal Data

<input type="text"/>			<input type="text"/>			<input type="text"/>		
First Name			Middle Name			Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Date of Birth	Sex (M/F)	Marital Status (M/S/D/W)	State of Origin (See Reverse Code)		Local Government (See Reverse Code)		
Residential Address <input type="text"/>								
Town	<input type="text"/>	State (See Code)	<input type="text"/>	Phone No	<input type="text"/>			
Mobile No	<input type="text"/>		E-Mail	<input type="text"/>				

## 2. Employment Record

Name of Organisation

Office Address	<input type="text"/>							
Town	<input type="text"/>	State (See Code)	<input type="text"/>	Phone No.	<input type="text"/>			
Designation	<input type="text"/>					State of Posting	<input type="text"/>	
Staff File No Or ID No.	<input type="text"/>	Date of first employment	<input type="text"/>					

## 3. Monthly Pension Contribution

Employee Contribution	<input type="text"/>	Employer Contribution	<input type="text"/>	Total Contribution	<input type="text"/>
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## 4. Next of Kin

First name	<input type="text"/>	Middle Name	<input type="text"/>	Surname	<input type="text"/>			
Relationship	<input type="text"/>	Residential Address	<input type="text"/>					
Gender	<input type="text"/>	% Distribution	<input type="text"/>	Town	<input type="text"/>	State (See Code)	<input type="text"/>	
First name	<input type="text"/>	Middle Name	<input type="text"/>	Surname	<input type="text"/>			
Relationship	<input type="text"/>	Residential Address	<input type="text"/>					
Gender	<input type="text"/>	% Distribution	<input type="text"/>	Town	<input type="text"/>	State (See Code)	<input type="text"/>	

## 5. CERTIFICATION

I hereby certify that the information provided is true and correct

Signature & Date

Left Thumb Print

Right Thumb Print

Passport Photo

**6. PLEASE ATTACH COPIES OF:**

	Yes	No
<b>Letter of Appointment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Letter of Last Promotion</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Birth Certificate/Sworn declaration of Age</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence of Transfer of Service (if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence of condonation and Merger of Service (if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Payslip</b>	<input type="checkbox"/>	<input type="checkbox"/>