

EMPLOYEE REGISTRATION FORM

SCHEME TYPE

(Please tick where applicable)

- | | |
|--|--|
| <input type="checkbox"/> SHIELD OCCUPATIONAL PENSION SCHEME (TIER 2) | <input type="checkbox"/> SHIELD CEDI KOR & DAAKYE APOMUDEN |
| <input type="checkbox"/> SHIELD PROVIDENT FUND SCHEME (TIER 3) | <input type="checkbox"/> UPDATE |
| <input type="checkbox"/> SHIELD CEDI KOR A DAY PERSONAL PENSION | |

PART 1: EMPLOYEE'S DETAILS

Title

- ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr. ☐ Prof. ☐ Others

Surname

First Name

Other Name(s)

Previous Name (If any)

Date Of Birth

Place of Birth

Gender

- ☐ Male ☐ Female

Home Town

Region

Country

IDENTIFICATION DETAILS

Ghana Card No.

Nationality

SSNIT No.

CONTACT DETAILS

Residential/GPS Address

Postal Address

Email Address

Mobile Phone Number

Marital Status

- ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Occupation

Name of Employer

Date of Employment

PART 2: NEXT OF KIN DETAILS

Full Name

Phone Number

Gender

☐ Male ☐ Female

Relationship to Member

Address

Email Address

PART 3: BENEFICIARY NOMINATION

I hereby declare that the person whose name is indicated below is to receive any benefits due me in the event of my death.

Name	Date of Birth (DD/MM/YY)			Email Address	Telephone Number	Relationship to Member	Allocation 100%

Declaration

I certify that all information provided on this form is true and accurate. I further confirm that, I am of sound mind on this day in the nomination of persons as my dependents to receive death and survival benefits in the event that I am no more.

Date

DD / MM / YYYY

Member's Signature/Thumbprint

NB:

It is important that all information supplied is complete and accurate in order that a correct member record is established.

FOR OFFICIAL USE ONLY

Input Officer

Date

DD / MM / YYYY

Signature

Authorizing Officer

Date

DD / MM / YYYY

Signature