



# HEDGE PENSIONS TRUST

## BIO DATA UPDATE/AMENDMENT FORM

ATTACH  
PASSPORT-SIZED  
PHOTOGRAPH

Please complete all fields on this form in BLOCK letters. Do forward the completed application form to Hedge Pensions Trust, at Ministries-Accra, adjacent the CLOGSAG Building. Or via P.O Box M336, Accra. You may call 050 564 7938 / 030 263 158(1)/3/4 or email info@hedgepensions.com for any assistance.

SCHEME TYPE:  TIER 2  PEMPAMSIE FUND (TIER 3)

Please tick the field you want to update or amend

FIELD	UPDATE	AMEND
• SURNAME	<input type="checkbox"/>	<input type="checkbox"/>
• MIDDLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
• FIRST NAME	<input type="checkbox"/>	<input type="checkbox"/>
• EMPLOYER NAME	<input type="checkbox"/>	<input type="checkbox"/>
• PHONE NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
• RESIDENTIAL/GPS ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
• MAILING ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
• MARITAL STATUS	<input type="checkbox"/>	<input type="checkbox"/>

SURNAME	MIDDLE NAME	FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH	MEMBERSHIP/STAFF ID NO.	EMPLOYER NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NUMBER	RESIDENTIAL/GPS ADDRESS	MAILING ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

ID TYPE	ID NUMBER	SSNIT NUMBER	MARITAL STATUS
<input type="checkbox"/> VOTERS' <input type="checkbox"/> DRIVERS' <input type="checkbox"/> NATIONAL <input type="checkbox"/> PASSPORT	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

BY SIGNING THIS FORM, I, \_\_\_\_\_, HEREBY UPDATE/AMEND MY DETAILS AS PROVIDED ABOVE, AND STATE THAT, HEDGE PENSIONS TRUST WOULD NOT BE HELD LIABLE FOR ANY WRONGFUL EFFECT CAUSED BY THE DETAILS PROVIDED ABOVE.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE			DATE		

**HPT OFFICIAL VERIFICATION (For official use only) DO NOT WRITE HERE**

**THE NECESSARY AUTHENTICATED DOCUMENTS HAVE BEEN ATTACHED AND VERIFIED**

**VERIFIED BY:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DEPARTMENT	SIGNATURE	DATE

**APPROVED BY:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DEPARTMENT	SIGNATURE	DATE