



HEDGE PENSIONS TRUST

APPLICATION FORM

The completed form may be forwarded to the hedgepensionsform@gmail.com or delivered to the Hedge Pensions Trust Building, Ministries. Box M336 Accra. Contact us on 050 564 7938 / 030 263 1581 /3/4 to inquire about our Pension Scheme.

PHOTO
HERE

NAME OF SCHEME		PEMPAMSIE FUND																													
TYPE OF SCHEME		TIER 3																													
SURNAME																															
FIRST NAME																															
OTHER NAMES																															
PREVIOUS/MAIDEN NAME																															
DATE OF BIRTH (DD MM YYYY)																STAFF ID															
GENDER																SSNIT NO															
MARITAL STATUS																NATIONALITY															
PLACE OF BIRTH																DISTRICT															
REGION																COUNTRY															
RESIDENTIAL ADDRESS																															
MAILING ADDRESS																															
FIXED LINE NO																MOBILE NO.															
EMAIL ADDRESS																															
TYPE OF ID.	PASSPORT	<input type="radio"/>	VOTERS	<input type="radio"/>	DRIVERS	<input type="radio"/>	NAT ID	<input type="radio"/>	ID NO.																						
FATHER'S NAME																															
FATHER'S ADDRESS																															
MOTHER'S NAME																															
MOTHER'S ADDRESS																															
EMPLOYMENT NAME																															
EMPLOYMENT CODE																															
EMPLOYMENT TEL. NO.																EMPLOYMENT TYPE		CAGD	<input type="radio"/>	IGF	<input type="radio"/>										
																SELF EMPLOYED		<input type="radio"/>	OTHERS SPECIFY	<input type="radio"/>											
MANDATE NO.																															
NATURE OF INCOME																															
CONTRIBUTION (MULTIPLES OF GHC10) MINIMUM OF GHC30		30	<input type="radio"/>	40	<input type="radio"/>	50	<input type="radio"/>	60	<input type="radio"/>	70	<input type="radio"/>	80	<input type="radio"/>	90	<input type="radio"/>	100	<input type="radio"/>	OTHERS													
PREV. EMPLOYER NAME																															
PREV. SCHEME NAME																															
PREV. SCHEME NUMBER																															
PREV. TRUSTEE NAME																															

MODE OF PAYMENT: DEDUCTION FROM SALARY ☐ DIRECT DEBT ☐ POST DATED CHEQUES ☐

NOTE: All GOG Employees Should Attach Their Mandate Form.

Death & Survivor's Benefit Nomination

I hereby Nominate the Person(s) below as my Beneficiary to receive Death and Survival Benefit in the event of my Death.

[illegible]

FINGER PRINT IDENTIFICATION

LEFT THUMB PRINT	RIGHT THUMB PRINT
OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS	OTHER PRINTS WHERE THERE IS NO THUMB OR UNCLEAR FINGER PRINT MARKS
INDICATE WHICH FINGER	INDICATE WHICH FINGER

DATE:

SIGNATURE OR MARK OF CONTRIBUTOR: (MARK)

DECLARATION BY ENROLLMENT OFFICER (HEAD OF DEPARTMENT - HOD)
I Certify that this contributor Enrollment Form was completed in my presence and under my supervision and that information herein contained is Certified to be Accurate and True.

OFFICIAL STAMP OF
INSTITUTION

NAME OF ENROLLMENT OFFICER

SIGNATURE

(OFFICIAL USE ONLY)
DECLARATION BY ENROLLMENT OFFICER HEDGE PENSION TRUST
I Certify that this Contributor Enrollment Form was complete and only verified under the supervisor of the District / Regional Secretary and that information herein contained is Certified to be Accurate and True.

OFFICIAL STAMP OF CORPORATE
TRUSTEE / SPONSORING
EMPLOYER

NAME OF SCHEME ACCOUNT OFFICER /
RELATIONSHIP OFFICER

SIGNATURE

SCHEME NO. _____



DIRECT DEBIT AUTHORIZATION FORM



ORIGINATOR'S IDENTIFICATION NUMBER

C - 5 5 1 4 2 1 7

1. PERSONAL DETAILS

SURNAME

OTHER NAMES

POSTAL ADDRESS

EMAIL ADDRESS

MOBILE NUMBER

EMPLOYER

NATURE OF BUSINESS
(If self employed)

2. PAYMENT DETAILS

NEW ☐

AMEND ☐

CANCEL ☐

FABL ACCOUNT NUMBER

AMOUNT

AMOUNT IN WORDS

FREQUENCY OF DEDUCTIONS

MONTHLY ☐

QUARTERLY ☐

OTHERS ☐

DATE OF FIRST DEDUCTION

DAY OF DEDUCTIONS

END DATE

UNTIL FURTHER NOTICE ☐

3. INSTRUCTION TO BANK

NAME OF BANK

ACCOUNT TYPE

CURRENT ☐

SAVINGS ☐

OTHERS ☐

ACCOUNT NAME

ACCOUNT NUMBER

BRANCH WHERE ACCOUNT IS HELD

SORT CODE

BRANCH CODE

DECLARATION

I/We, the undersigned hereby authorize **My Bank**, to deduct my/our contributions for the benefit of FABL as indicated above subject to the terms and conditions provided below. FABL is indemnified against any claim or liability that may arise BUT NOT limited to my/our providing the wrong bank details or any other error in my/our instruction in respect of which FABL acts in implementing my/our Direct Debit authorization. I/We understand that the withdrawals hereby authorized will be processed through an Automated Clearing House platform provided by **First Atlantic Bank**.

TERMS and CONDITIONS

*The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.

*If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.

*You can cancel this mandate at any time by writing to FABL within 10 days in advance of your account being debited.

*FABL has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by email and SMS where the contributor has provided them.

CLIENT SIGNATURE(S) _____

DATE