## **Petra Advantage Pension Scheme**



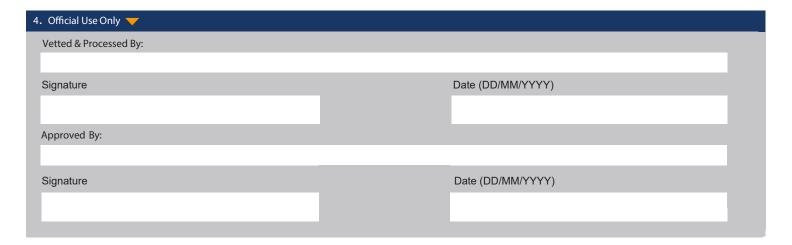


**Instructions:** Before you sign this application form, we are obliged to give you a Product Disclosure Statement (PDS), which is a summary of the important information relating to the Scheme. The PDS will help you to understand the product and decide if it is suitable for you. The current version of the PDS, which you should read in conjunction with this form, has a publication date of 26th, March 2012 can be found on page 8 of this document.

Please complete all sections of this form. This application will be considered incomplete until signed by an authorized representative of the applicant.

Please complete this form in BLOCK letters and forward the completed application form to Petra at 217, Airport West, Roman Ridge, Accra, or call 024 243 5037 for alternate submission options.

1. Employer Details 🔻		
Organization Name		
Company Registration Number		Petra Employer Number (if applicable)
SSNIT Number		Total Number of Employees
Tax Identification Number		Industry Code (See next page for industry codes)
Postal Address		
City / Town		Region
Street Address		
Office Location Directions (from a major landmark)		
2. Fund Membership Details 🔻		
Month for which your first contribution applies (MM / YYYY	")	Number of employees joining at commencement
Total 5% contribution amount as at registration		
Salaries will be paid (Select Below)		
Weekly Bi-W	eekly	Monthly
<b>Note</b> : If salaries are not paid at the same time for all er For example: part-time, casual or different award classi	nployees, please advise in an att	•
Contact Person:		
Title First Name	Middle Name	Surname
Email Address		
Phone Number		Cell Phone Number
3. Declaration 🔻		
I am duly authorized to make this application on behalf I declare that:	of the organisation set out in Sec	ction 1 of this application. On behalf of my organisation,
<ul><li>i. my organisation agrees to be bound by the Trust De</li></ul>	ed and the Rules Governing the	Fund published on 26th March 2012
ii. my organization has read and understood the releva		
iii. my organization hereby applies to become a Particip	pating Employer (as defined in the	e Trust Deed);
<ul> <li>iv. the information supplied on this application form is tr notify the Trustee immediately if any of this informati</li> </ul>		ning and my organization will
Name of Authorized Officer		
Title First Name	Middle Name	Surname
Email Address		Cell Phone Number
LinuirAudicas		Cent Hone Number
Signature of Authorized Officer		Date (DD/MM/YYYY)



## **Industry Codes**

Business Sector	Code 🔻
Automotive	PI01
Aviation	PI02
Construction	PI03
Education	PI04
Engineering	PI05
Financial Services	PI06
Food Processing	PI07
Freight Forwarders/Couriers	PI08
Healthcare	PI09
Insurance	PI10
Manufacturing	PI11
Mining	Pl12
Printing	PI13
Real Estate	PI14
Retail	PI15
Security	PI16
Social Service	PI17
Solicitor	PI18
Telecommunications	PI19
Transport & Distribution	PI20
Travel & Tourism	PI21
Warehousing	PI22
Waste Management	PI23
Wholesalers	PI24
Other (please specify)	PI25