

# Petra Opportunity Pension Scheme

## Employer Application Form



**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.

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-Weekly

Monthly

**Note:** If salaries are not paid at the same time for all employees, please advise in an attachment, the basis to apply for each category.

For example: part-time, casual or different award classification.

**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 of the organisation set out in Section 1 of this application. On behalf of my organisation, I declare that:

- my organisation agrees to be bound by the Trust Deed and the Rules Governing the Fund published on 26th March 2012
- my organization has read and understood the relevant Product Disclosure Statement (PDS)
- my organization hereby applies to become a Participating Employer (as defined in the Trust Deed);
- the information supplied on this application form is true and correct at the date of signing and my organization will notify the Trustee immediately if any of this information changes.

Name of Authorized Officer

Title

First Name

Middle Name

Surname

Email Address

Cell Phone Number

Signature of Authorized Officer

Date (DD/MM/YYYY)

#### 4. Official Use Only

Vetted & Processed By:

Signature



Date (DD/MM/YYYY)

Approved By:

Signature

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	PI12
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