



**GES
OCCUPATIONAL
PENSION
SCHEME**

MEMBER ACCOUNT MAINTENANCE FORM

Instructions:

The use of **CORRECTION FLUID** on any part of this form is **not allowed**. It will be rendered invalid.

Please fill in **BLOCK LETTERS** and return the hard copy to your local GES Office/ Union Office/GESOPS Secretariat or forward scan copy to enquiries@gespensions.com.gh

Attach a copy of your Ghana Card

DETAILS TO BE AMENDED (PLEASE TICK (✓) BOXES AS APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Data Mismatch on GESOPS online portal |
| <input type="checkbox"/> Email | <input type="checkbox"/> Residential Address |
| <input type="checkbox"/> Wrong SSNIT Number on GESOPS online portal | |

MEMBER DETAILS (COMPLETE ALL FIELDS)

Staff ID:	Old Staff ID <i>(if applicable)</i> :
SSNIT Number:	Old SSNIT Number <i>(if applicable)</i> :
Surname:	First Name:
Other Name(s):	Maiden Name <i>(if applicable)</i> :
Date of Birth [DD/MM/YYYY]:	Nationality:
Residential Address	
Ghana Card Number:	Ghana Post GPS:
National ID Type:	ID Number:
Email:	Telephone Number:

COMMENT (KINDLY BRIEFLY EXPLAIN THE DETAIL TO BE AMENDED)

DECLARATION

I declare that the information provided above is **TRUE AND COMPLETE** and also exonerate the GESOPS Board from any liabilities

Name of Applicant:

Date:

Signature: