



**GES
OCCUPATIONAL
PENSION
SCHEME**

CONTRIBUTOR ENROLMENT FORM

Instructions:

The use of **CORRECTION FLUID** on any part of this form is **not allowed**. It renders the form 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

Add a copy of your Ghana card

Passport
picture

Please write your
name and staff ID
behind the picture

**Fasten Picture
here**

PART I: MEMBER'S PERSONAL DETAILS

| TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME |
|-----------------------------|-----------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------|
| Name of Contributor: | | | |
| Staff ID: | | Old Staff ID (if applicable): | |
| SSNIT Number: | | Old SSNIT Number (if applicable): | |
| Date of Birth [DD/MM/YYYY]: | | Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Place of Birth: | | Ghana Card Number: | |
| Marital Status: | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Widowed <input type="checkbox"/> |
| | | Divorced <input type="checkbox"/> | Separated <input type="checkbox"/> |
| Identification Details: | Passport <input type="checkbox"/> | Voter's ID <input type="checkbox"/> | Driver's License <input type="checkbox"/> |
| | | National ID <input type="checkbox"/> | |
| ID Number: | Email Address | | |
| Residential Address: | | | |
| Telephone Number: | | Nationality: Ghanaian <input type="checkbox"/> Non Ghanaian <input type="checkbox"/> | |
| Mother's Name: | | | |
| Father's Name: | | | |

PART II: MEMBER'S NEXT OF KIN/BENEFICIARIES DETAILS

I hereby declare that the person(s) whose name(s) is/are indicated below is/are to receive any benefits due me in the event of my demise. **(The sum total of all your allocation must be equal to 100%)**

BENEFICIARY 1

| | |
|-----------------------------|------------------------------|
| Full Name: | Relationship to Contributor: |
| Date of Birth [DD/MM/YYYY]: | Telephone Number: |
| Residential Address: | % Allocation: |

BENEFICIARY 2

| | |
|-----------------------------|------------------------------|
| Full Name: | Relationship to Contributor: |
| Date of Birth [DD/MM/YYYY]: | Telephone Number: |
| Residential Address: | % Allocation: |

BENEFICIARY 3

| | |
|-----------------------------|------------------------------|
| Full Name: | Relationship to Contributor: |
| Date of Birth [DD/MM/YYYY]: | Telephone Number: |
| Residential Address: | % Allocation: |

BENEFICIARY 4

| | |
|-----------------------------|------------------------------|
| Full Name: | Relationship to Contributor: |
| Date of Birth [DD/MM/YYYY]: | Telephone Number: |
| Residential Address: | % Allocation: |

BENEFICIARY 5

| | |
|-----------------------------|------------------------------|
| Full Name: | Relationship to Contributor: |
| Date of Birth [DD/MM/YYYY]: | Telephone Number: |
| Residential Address: | % Allocation: |

Sum Total of Allocation: _____

NOTE: REQUEST FOR AN ADDITIONAL FORM IF BENEFICIARIES EXCEED FIVE (5) IN NUMBER



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DECLARATION BY APPLICANT

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

Full Name of Applicant:

Date

Signature:

PART II: EMPLOYMENT DETAILS (To be completed by GES/Union/NTC supervisor)

District:

Institution:

Postal Address:

Telephone Number:

Email

Mobile Number:

DECLARATION BY GES/Union/NTC SUPERVISOR

I certify that this Contributor Enrolment Form as received is certified to be true and accurate. The information provided by the signatory is to the best of his/her knowledge accurate.

Name of GES Supervisor:

Date and Signature:

Office Stamp