



GES
OCCUPATIONAL
PENSION
SCHEME

PORTING/TRANSFER 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 along with a copy of your release letter/letter of introduction from GES and a copy of your Ghana card, SSNIT card and payslip.

DETAILS OF APPLICANT

Name of Applicant:

Date of Birth [DD/MM/YYYY]:

Gender: Male ☐ Female ☐

Ghana Card Number:

Staff ID:

Old Staff ID (if applicable):

SSNIT Number:

Old SSNIT Number (if applicable):

Email:

Phone Number:

Name of Institution:

PREVIOUS EMPLOYMENT & TRUSTEE DETAILS

Name of Employer:

Contact Person:

Phone Number:

Employment Start Date:

Employment Exit Date:

Name of Corporate Trustee:

Member ID:

Name of Scheme:

Contact:

Email address:

CURRENT EMPLOYMENT & TRUSTEE DETAILS

Name of Employer:

Contact Person:

Phone Number:

Name of Corporate Trustee:

Member ID:

Name of Scheme:

Contact:

Email address:

DECLARATION

I authorize the Trust Board to transfer my accrued benefits to my current Scheme indicated on this form. I certify that the instruction and information provided herein are true and correct and that neither the Board of Trustees, GESOPS Secretariat nor the Administrator of the scheme will be held liable for any errors or omissions that result from the usage of the information for its intended purpose.

Name of Applicant:

Signature:

Date [DD/MM/YYYY]:

TO BE COMPLETED BY GES SUPERVISOR

Name of Supervisor:

Signature:

Date:
Day Month Year

Official Stamp

FOR OFFICIAL USE ONLY

TO BE COMPLETED BY FUND ADMINISTRATOR

Name of Receiving Officer:

Signature:

Date:
Day Month Year

Official Stamp