

EMPLOYEE REGISTRATION FORM							
Scheme Name	Best Master Trust	<i>Please Tick</i>		Scheme Type	Tier 2	<i>Please Tick</i>	
	Best Provident Fund	<i>Please Tick</i>			Tier 3	<i>Please Tick</i>	
	Best Pension Scheme	<i>Please Tick</i>					
1.PERSONAL PARTICULARS							
Title			Postal Address				
Surname			Residence Address				
Other Name(s)			Nationality				
Ghana Card No.			Hometown				
Date of Birth	<i>DD/MM/YY</i>		Region				
SSNIT No.			GPS Address				
Tel No.			Other ID Card				
Email Address			ID Card No				
Gender			Occupation				
Name of Employer			Marital Status	S	M	D	
Date of Employment			Salary				
2.NEXT-OF-KIN DETAILS							
Name			GENDER				
Phone			Relationship to Member				
Email Address							
3.BENEFICIARY NOMINATION							
NAME	Date of Birth			Email Address	Telephone Number	Relationship to Member	% Share
	DD	MM	YY				
4.MEMBER'S DECLARATION							
<p>I.....certify that all information provided on this form is true and accurate. I further confirm that ,I am of sound mind on this day in the nomination of persons as my dependents to receive death and survival benefits in the event that I am no more.</p>							
Member's Signature					Date (DD/MM/YY)		
<p><i>NB: It is important that all information supplied is complete and accurate in order that a correct member record is established.</i></p>							
FOR OFFICE USE ONLY							
Input Officer				Date.....			
Authorizing Officer				Date.....			