



EMPLOYER REGISTRATION FORM					
Scheme Name	Best Master Trust			Scheme Type	Tier 2
	Best Provident Fund				Tier 3
	Best Personal Pension				
1.EMPLOYER PARTICULARS					
Name of Employer		Mailing Address			
Business Registration No.		Email			
SSNIT Employer No.		Fixed Lines			
Business Location		GPS Address			
Industry Category					
TIN					
2.CONTACT PERSON (One Director and two others)					
Name		Email			
Phone		Position			
Name		Email			
Phone		Position			
Name		Email			
Phone		Position			
3.CONTRIBUTION DETAILS					
Number of Employees					
Total 5% Contribution at registration					
4.EMPLOYER'S DECLARATION					
Name of Previous Scheme					
Name of Previous Trustee					

I Representative of

Declare and certify that the information given is accurate and true.

Signature Designation

Date

FOR OFFICE USE ONLY

Input Officer Date.....

Authorizing Officer..... Date.....

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Corporate Trustee. Pension Fund Administrator