



**SOCIAL SECURITY AND NATIONAL INSURANCE TRUST**  
**NATIONAL PENSIONS ACT, 2008 (ACT 766)**

**CLEARANCE CERTIFICATE 09001644**

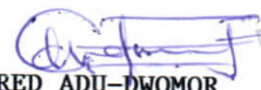
ISSUING BRANCH OFFICE..... **LEGON** ..... DATE OF ISSUE..... **MAY 19. 2016** .....  
NAME OF ESTABLISHMENT..... **ACCENT LANGUAGE INSTITUTE LIMITED** .....  
ER. NO:..... **201101308** ..... NATURE OF BUSINESS:..... **INFORMATION AND COMMUNICATION** .....  
BUSINESS REG. NO:..... **CA-78,318** ..... IRS TIN ..... **824V067519** .....  
ADDRESS:..... **P.O. BOX AD 1225, ADABRAKA** .....  
LOCATION OF ESTABLISHMENT:..... **BEHIND MONTRAN, ADJIRINGANO** .....  
TEL NO:..... ..... MOBILE PHONE NO:..... **0244355494** .....  
(Establishment) ..... (Contact Person)  
COVERABLE DATE:..... **MAY 1, 2011** .....

The above-named Establishment in compliance with the provisions under the **NATIONAL PENSIONS ACT, 2008 (Act 766)** has applied for a **Clearance Certificate** for the following purpose(s):

**TO REGISTER AS A MEMBER OF AFRICAN PARTNER POOL**

I Certify that as at ..... **MAY 19, 2016** ..... This Establishment  
(Date of Issue)  
Employing ..... **THREE (3)** .....  
has: ..... (Number of Workers)  
a. paid all Social Security Contributions (including penalties) up to:..... **APRIL 2016** .....  
b. submitted all Contribution Reports and fulfilled all other obligations under Act 766  
c. ~~made satisfactory arrangements to fulfill its obligations under Act 766~~

I therefore issue this certificate which expires on:..... **TWENTY-THIRD JUNE TWO THOUSAND AND SIXTEEN** .....  
(23RD JUNE, 2016)

  
FRED ADU-DWOMOR  
for: **DIRECTOR GENERAL**  
FOR: **BRANCH MANAGER**

**N.B:** Any alteration or falsification of this document is a crime and offender(s) **SHALL** be prosecuted

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