

EXISTING CONTRIBUTOR RECAPTURING FORM

(PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS)

Corporate office: Plot 171A Moshood Olugbani Street, Victoria Extension V/Island, Lagos Tel: 234-1-2799299, 2710547 Head Office: No 22, Otukpo street, off Gimbiya Street Area 11, Garki Abuja Mobile Number: 08078450652,08165722731

SECTION 1 RSA DETAIL	_s				
* RSA Status Retiree or	Active			_	N. C. III. C. N. I. AMN
* 1a RSA PIN					National Identity Number (NIN)
*1b PFA Name				*	Bank Verification Number (BVN)
List of other RSA PIN (if	Any)				
Pin					ternational Passport (Non Nigerian only)
PFA Name					
PINs					
PFA NAME					
SECTION 2 PERSONAL					
Section 2a Non-updatal	ole Fields				
* 2a Title:					
*Surname					
*First Name					
Section 2b Updatable F Middle Name	leius		*Gei	nder * Marital Status *N	ationality
Maiden/Former Name					
**State of Origin (If Nation	ality is Nigerian)	** Local Govt Area LGA	*Dat	e of Birth (DD/MM/YY)	* Place of Birth
** Residential Address: *	*Location Nigeria,	Abroad			
House No/Name					
Street Name			**\	/illage/Town/City	
**Local Cout Area Code				T *Country o	of Residence Name
**Local Govt Area Code					
**State of Residence Co	de			**Z	Zip Code P.O. Box or PMB (If any)
Personal Email address					
*Phone no Country code	(Tel)		* Mobile Number		
SECTION 3 EMPLOYI	MENT RECORD	S			
*Sector Classification: 01- Public Sector Employees(Fed & State) Employees 02 - Private Employees **Date Employee joind IPPIS					
03- Micro Pension Plan Contributor (Cross Border Employees-04) ** Employer under IPPIS? (Tick please) **Employee joind IPPIS Number					
* Employer Name(in full	nlease)			oyor undor ii i io. (Employee Joint II 13 Number
Employer Name(in run	please)				
Employer Address:					
Employer Address.					
**Location Nigeria	Abroad	Building No/Name		Street Nam	e
** Village/Town/City	**Loca	al Govt Area Code	**0	state Code	**Country code **Zip Code
Village/ Town/Oity				late code	
Employer Phone no (Tel)				** Nature of Pusing	
Employer Phone no (Tel)		Mobile Number		** Nature of Busine	P.O. Box or PMB (If any)
** Danisanation (Danis				** Employee	
** Designation/Rank		* State of Posting		** Employee	ID/No **Service / ID Number
**Date of First Appointment w	ith Public Sector	Date of Current Appointment	(Public Sector Only)	** Date of Transfer	of Service ** Employer Code
1					

*FGN Treasury Funded MDAs only	** Consolidated Salary Structure as at 2007	*Enhance Consolidated Salary Structure as at 2010					
**Harmonised Salary Structure as at 2004							
(eg HAPSS, HATISS) **Step as at June 2004	(e.g CONPSS, CONTISS)						
**GL as at June 2004	**GL as at Jan 2007	**Step as at 2010					
**Current Salary Structure ** Current GL	**Enhance Consolidated Salary Structure as at 2013 **GL	as at 2013 **Step as at 2013					
** Current Step	**Enhance Consolidated Salary Structure as at 2013 **Gl	as at 2016 **Step as at 2016					
(ENCONTISS) SECTION 4 NEXT OF KIN DATA							
*Title							
*Surname							
*First Name							
Middle Name							
*Relationship	*Gender FM						
**NOK Correspondence ADDRESS NIGERIA, ABROAD	Nigeria Abroad						
House No/Name							
Street Name	**Village/Town/City						
**Local Govt Area Code	**Country of Res	sidence Name					
**State of Residence							
Email address	P.O. Box or PMB (If any)	**Zip Code/Postal (If living abroad)					
*Phone no Country code (Tel)	* Mobile Number						
Thole to country code (tel)	Wobile Namber						
SECTION 5 APPLICANT BIOMETRIC/CERTIFICAT	ION						
(10 Fingerprints, Photograph and Signature to be captured E							
CONSENT AUTHORIZATION	,						
CONSENT AUTHORIZATION							
	hereby certify that the information provided in						
authorize Nigeria Inter-bank Settlement System Plc and National Identity Management Commission to release my BVN and/or NIN information (as may be required) to the National Pension Commission (PenCom) for the maintenance and operation of my Retirement Savings Account.							
It is my understanding that PenCom shall exercise	e due care to ensure that my information is secure a	nd protected." * Photo					
** \$	iignature						
		*Recent passport					
		(with a white background)					
	Date						
		Name should be boldly written at the back of the passport					
		photograph					
	SECTION 7 FOR OFFICIAL USE ONLY	Form Reference Number					
Does the contributor have any fingerprint challenge?							
Yes No							
Please tick Complete	Partial Others	Yes No					
SECTION 8 PFA CERTIFICATION Are supporting documents attached?							
*I hereby certify that the information given above is correct to the best of my knowledge							
*Name:							
*Designation *Designation							
Signature		TES: lds with asterisk () are MANDATORY and					
		DISTRIBUTE ASSESSMENT OF THE PARTY OF THE PA					