

Anchor Pensions RC 610587	Head Office: No 22, Otukpo street, off Gimbiya Street	Corporate office: Plot 171A Moshood Olugbani Street, Victoria Extension V/Island, Lagos	* Form Reference Number
RC 610587	Area 11, Garki Abuja Mobile Number: 08078450652, 08165722731	Tel: 234-1-2799299, 2710547 fax: 234-12 facebook.com/ieianchor.pensic @@lei email: cservice@ieianchorpensions.com,	anchor
	00100122701		Registration Type ** Tomporary
	S ACCOUNT OP orm clearly in capital letter		RSA Regularization PIN
* Title			
* First Name			
Middle name			
Mother's Maiden Name			
Date of birth (DD/MM/YYYY) *Place of Bir		* Gender *Marital **	State of Origin
Date of birth (DD/MM/YYYY) *Place of Bir	rtn	Status Status	State of Origin
* Nationality		(M/F) (MD/SG/DV/WD/SP) **	LGA (If Nationality is Nigeria)
Bank Verification Number (BVN) (Optional)	*National Identification N	umber (NIN) ** International	l Passport Number (non-Nigerians only)
Residential Address			
Building No/Name			
Street Name	** Village/Town/City	** Loc	cal Govt. Area
** State of Residence Code	*Location Nigeria A	Abroad * Country of Residence Co	de *LGA Code
			** Zip Code
<b>Correspondence Address</b> (Where you wo Building No/Name	uld want correspondences	s sent to)	
Building 140/14aine			
Street Name	**Village/Town/City	** Loc	cal Govt. Area
** State	P.O. Box or PMB(if a	any) * Mobile N	Sumber (Country Code + Mobile No)
Personal Email Address		T-1 N-	
		Tel No.	
EMPLOYMENT RECORDS		11' G (F. 10 G ) P G	
**Employer Name (Full Employer Name	please) *Employer T	ablic Sector (Fed&State) Private Se Employees-01 Private Se Employee	ector Micro Pension Cross Border s-02 Contributor 03 Employees-04
Employer Address Building No/Name			
Nigeria Abroad	Zip Code	* Country Code **Vil	lage/Town/City
**Location			I I I I I I I I I I I I I I I I I I I
Street Name	* Nature of Busines	SS (For Informal Sector Employee only) **1	Local Govt. Area Code
**State Code	Employer Phone (Country cod	de + Tel/Mobile No)	
P.O. Box/P.M.B		Se	ervice/ID no ( Paramilitary only)
	D. C. C. T. C.		
**Date of First Appointments (Fed & States Employees only)	Date of current Employme	RSA	A Certificate/RSA Statement Delivery mode
NOTE: All fields with asterisk (*) are MAN	NDATORY		Email Post Direct Delivery

MONTHLY PENSION CONTRIBUTION  Monthly Pension Contribution for Public and Private Sector Employees	_
Monthly Total Emolument Expected Employer monthly Contribution Expected Employee monthly Contribution	
	K
Voluntary Contribution (Formal Sector, Informal Sector, & Cross-Border Employees), Micro Pension Contributor	
# <u>                                      </u>	
NEXT OF KIN'S PERSONAL DATA	_
* Title * Surname * First Name Middle Name	
* Relationship * Gender (M/F)	<u> </u>
NOK's Correspondence Address	
*Location Nigeria Abroad	
NOK Building No./Name	
NOK Street Name ** Village/Town/City ** Local Govt. Area	]
** NOK State Code NOK ZIP Code * Mobile Number (Country Code + Mobile No)	J
* NOK Country Code P.O. Box or PMB(if any)	
APPLICANT BIOMETRICS/CERTIFICATION	_
*Photo	
Recent passport photo	7
(with a white background)	
Name should be boldly written at the back of the passport	
photograph	
** Signature	
* CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION	••••
I	
(Surname First Name Middle Name)  hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management	
Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom	
shall exercise due care to ensure that my information is secure and protected	
FOR OFFICIAL USE ONLY	_
Does the application have any Physical Challenge relating to Fingerprints?  Yes  No	
* If yes: Tick Type Partial Complete/Others	
PENSION OPERATOR CERTIFICATION	
I hereby certify that the information given above is correct to the best of my knowledge	_
This form was administered by	
Surname First Name Designation	
Agent Code Agent Location Signature Date	
Attach copies of the following relevant document to the PFA	

□ Official ID (Staff ID with any one of the following National ID, Drivers Licence or Permanent Voters (PVC) International Passport □ Letter of first appointment/Attestation Letter/Gazette (Public Sector Employees and Letter of Appointment (Private Sector) □ Birth certificate or declaration of age