

EMPLOYEE REGISTRATION FORM

Scheme Name	Best Master Trust			Scheme Type	Tier 2		
	Best Provident Fund				Tier 3		
	Best Pension Scheme						

1.PERSONAL PARTICULARS

Title		Postal Address	
Surname		Residence Address	
Other Name(s)		Nationality	
Ghana Card No.		Hometown	
Date of Birth	<i>YY/MM/DD</i>	Region	
SSNIT No.		GPS Address	
Ghana Card No.		Other ID Card	
Tel No.		ID Card No	
Email Address		Occupation	
Gender		Marital Status	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">S</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>

2.NEXT-OF-KIN DETAILS

Name		Gender	
Phone		Relationship to Member	
Email Address			



3.BENEFICIARY NOMINATION

NAME	Date of Birth	Email Address	Tel No.	Relationship to Member	Residence Address	% Share

4.MEMBER DECLARATION

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.

Member's Signature		Date (YY/MM/DD)

NB: It is important that all information supplied is complete and accurate in order that a correct member record is established.

FOR OFFICE USE ONLY

Input Officer Date

Authorizing Officer Date