

**Application Form**

The completed form may be forwarded to [customerservice@petratrust.com](mailto:customerservice@petratrust.com) or delivered to Petra Trust at 113 Airport West. Call Petra Trust on 0242435037/0302763908 to inquire about Savings Booster.



**1 Biographical Data**

Title Mr  Mrs  Miss  Ms  Dr  Other title

Gender Male  Female

First Name

Middle Name(s)

Surname

Date of Birth  /  /

*(Kindly attach copy of identification type)*

SSNIT Number

Identification Type

Staff ID Number *If Available:*

Identification Number

Marital Status Married  Single

Nationality

Mobile Number 1 *Required:*

Mobile Number 2

**Residential Address**

Area

Region

**Postal Address**

Primary Email Address

Secondary Email Address

**2 Contribution Data**

Monthly contribution amount GHS   
(if applicable)

Lump sum deposit amount GHS   
(If applicable)

Contribution Type Post-tax  Pre-tax

**3 Bank Account Information**

*Account name must be the same as applicant name*

Name of Bank

Bank Branch

Account Number

*Please circle the numbers that correspond to your account number*

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

SP Code:

#### 4 Employer Details<sup>2</sup>

Employer

Employer Address

<sup>1</sup> Pre-tax contributions in excess of 16.5% of your monthly income into registered tier 3 schemes may be subject to income tax

<sup>2</sup> Required for payroll deductions

Contact details for employer payroll department

Full Name

Designation

Phone Number 1  Ext. No.:  Phone Number 2  Ext. No.:

Email Address

#### 5 Beneficiaries

i

First Name  Middle Name  Last Name

Relationship  ID Number  ID Type  Date of Birth  % of Benefits

ii

First Name  Middle Name  Last Name

Relationship  ID Number  ID Type  Date of Birth  % of Benefits

iii

First Name  Middle Name  Last Name

Relationship  ID Number  ID Type  Date of Birth  % of Benefits

iv

First Name  Middle Name  Last Name

Relationship  ID Number  ID Type  Date of Birth  % of Benefits

Percentage of benefits entered on the extra page are also added to get total % of Benefits.

#### 6 Declaration

- i. I duly mandate my employer to deduct and make pre-tax and post-tax contributions on my behalf into the Savings Booster Plan account upon receipt of a copy of this form from Petra Trust Company Ltd. as required by the National Pension Act, 2008 Act 766 Section 115.
- ii. I agree to be bound by the terms of the Petra Opportunity Pension Scheme trust deed and governing rules as may be amended by the trustee from time to time.
- iii. I declare that the information I have given in this application form is complete and accurate at the date of signing and would notify Petra immediately if any of this information changes.

Signature

Print name

Date   /   /