

GLICO HOUSE, 47 KWAME NKRUMAH AVENUE. PO BOX 4251 ACCRA-GHANA

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**GLICO MASTER TRUST OCCUPATIONAL PENSION SCHEME (Tier 2)
EMPLOYER REGISTRATION FORM**

EMPLOYER DETAILS (To be completed in CAPITAL letters).

Company Name:	Social Security Employer Registration number:	
	NEW NO:	OLD NO:
Office Location:	BIN:	
	TIN:	
Postal Address:		
Telephone (Office) :	Contact Person:	
Email:	Contact mobile No.:	
Number Of Contributors:	Total 5% Contribution:	
Please select the sector industry you belong to by ticking one of the options below.		
AGRICULTURE <input type="checkbox"/>	BANKING & FINANCE <input type="checkbox"/>	
COMMERCE <input type="checkbox"/>	CONSTRUCTION <input type="checkbox"/>	
EDUCATION <input type="checkbox"/>	HEALTHCARE <input type="checkbox"/>	
HOSPITALITY <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	
MINING <input type="checkbox"/>	TRANSPORT <input type="checkbox"/>	
SECURITY <input type="checkbox"/>	ICT <input type="checkbox"/>	
OIL & GAS <input type="checkbox"/>		
OTHER (SPECIFY.....)		

DECLARATION

I submit this application form with a view of entering into a contract for the benefits set under the scheme rules. I have read over the information I have provided in this application form and I declare that all the information I have provided are TRUE AND COMPLETE.

DATE

SIGNATURE, STAMP/SEAL OF EMPLOYER

NAME OF EMPLOYER'S REPRESENTATIVE

FOR OFFICIAL USE ONLY

AGENT/BROKER DETAILS

Name:

Agent I.D.

Address:

Email:

Telephone number:

Agency Office:

Endorse By Office Manager:

Date of submission:

Client I.D.

Comments