

**GLICO MASTER TRUST PROVIDENT FUND SCHEME (Tier 3)  
EMPLOYER REGISTRATION FORM**

**EMPLOYER DETAILS** (To be completed in CAPITAL letters).

Company Name:		Social Security Employer Registration number:
Office Location:	BIN:	
	TIN:	
Postal Address:		
Telephone :		Telephone 2 (if any):
Email:		Fax:
Number Of Contributors:	Total Contributions:	
Contribution Rates: Employer rate <input type="checkbox"/> Employee rate <input type="checkbox"/>		
<b>Please select the sector industry you belong to by ticking one of the options below.</b>		
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**

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AGENT/BROKER DETAILS

Name:

Agent I.D.

Address:

Email:

Telephone number:

Agency Office:

Endorse By Office Manager:

Date of submission:

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**Client I.D.**

**Comments**