



Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE pen. Characters and marks

used should be similar in the style to the following:

ABCDEFGHIJKLMN OPQRSTUVWXYZ 1234567890 X✓

# MEMBERSHIP / RSA OPENING FORM

**SECTION 1** **PERSONAL DATA** **ALL FIELDS ARE MANDATORY**

Surname

First Name

Middle Name  Title

Date of Birth  Marital Status(M/S/D)  Gender (M/F)

State (See Code)  L.G.A (See code)

Maiden Name  Nationality

Residential Address

Mobile Phone

E-mail Address

Permanent Home Address

**SECTION 2** **EMPLOYMENT RECORD**

UNICO Registration Number

Employer / Business Unit Name

Employer Address

Employer Phone No  Employer Website

Basic Allowance Per Annum

Transport Allowance Per Annum

Housing Allowance Per Annum

Date of Employment  Grade Level



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**SECTION 3**

**NEXT OF KIN**

Surname

First Name

Middle Name  Title

Relationship  Gender (M/F)

Residential Address

City  State (See Code)  Country

Phone No

E-mail Address

**SECTION 4**

**ATTESTATION**

**DECLARATION BY EMPLOYEE:**

I hereby certify that the information provided in this form is true and correct and understand that it is an offence under the Pension Reform Act, 2004 to provide false or misleading information with the intention to defraud.

I have also read and understood the **Exit Benefit Scheme Policy** of UNICO CPFA Limited and do authorise that all fee(s) approved by the National Pension Commission (PENCOM) be charged to my Retirement Savings Account.

Passport Photo	Thumbprint (LEFT)	Thumbprint (RIGHT)	Signature
<p><b>INDICATE FULL NAME ON THE BACK OF YOUR PASSPORT</b></p>			

**DECLARATION BY EMPLOYER**

We confirm that the above named applicant is eligible for membership of the fund in accordance with the terms of his employment.

We confirm that the information provided by the employee above are in accordance with those shown in our records and that to the best of our knowledge are correct.

...../...../..... ..... .....  
**Date** **Name of Human Resource Manager** **Signature for Employer's Office**