nörrenberger Pensions

Form Reference Number

Head Office: No, 22, Otukpo Street, Off Gimbiya Street, Area 11, Garki, Abuja.
Mobile Number: +234(0)8165722731
Corporate Office: No. 2, Okotie Eboh Street Ikoyi, Lagos State.
Mobile Number: +2348090999172

clientservice@norrenpensions.com.
norrenpensions.com
norrenbergerpensions norrenpensions

RETIREMENT SAVINGS ACCOUNT OPENING FORM

Please fill this form clearly in capital letters (one letter per box)

***Registration Type**

RSA ☐ TPIN Regularization ☐ **Temporary PIN ☐

PERSONAL DATA

*Title

*Surname

*First name

*Other names

Mother's Maiden Name

*Date of Birth (DD/MM/YY)

*Place of Birth

*Gender (Tick boxes) Male ☐ Female ☐

*Marital Status (Tick boxes) Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

*Nationality

State of Origin

**LGA (If nationality is Nigeria)

Personal Email Address

Mobile Phone No

Virtual National Identification Number

**Temporary PIN (If Applicable)

*User ID

* National Identification Number (NIN)

* Bank Verification Number (BVN)

Residential Address

Building No/Name

Street Name

** Village/Town/City

** Local Govt. Area

**State of Residence Code

*Location Nigeria ☐ Abroad ☐

*Country of Residence Code

*ZIP Code

*LGA Code

Correspondence Address (Where you would want correspondences sent to)

Building No/Name

Street Name

**Village/Town/City

** Local Govt. Area

** State

P.O. Box or PMB(if any)

* Mobile Number (Country Code + Mobile No)

EMPLOYMENT RECORDS

****Employer Name** (Full Employer Name please)

***Employer Type** Public Sector (Fed & State) Employees-01 ☐ Private Sector Employees-02 ☐ Micro Pension Employees-03 ☐ Cross Border Employees-04 ☐

Employer Address

Building No/Name

Street Name

** Village/Town/City

** Local Govt. Area

**State Code

*Location Nigeria ☐ Abroad ☐

*Country Code

*ZIP Code

*LGA Code

Nature of Business (For informal sector employee only)

Employer Phone (Country code + Tel/Mobile No)

Service/ID no (Paramilitary only)

IPPIS Number

P.O. Box/P.M.B

**Date of First Appointments (Fed & State Employees only)

Date of Current Employment

RSA Certificate/RSA Statement Delivery Mode

Email ☐ Post ☐ Direct Delivery ☐

NOTE: All fields with asterisk (*) are MANDATORY

MONTHLY PENSION CONTRIBUTION

Monthly Pension Contribution for Public and Private Sector Employees

Monthly Total Emolument ₦ K

Expected Employer monthly Contribution ₦ K

Expected Employee monthly Contribution ₦ K

Voluntary Contribution (Formal Sector, Informal Sector, & Cross-Border Employees), Micro Pension Contributor

Monthly Total Emolument ₦ K

NEXT OF KIN PERSONAL DATA

Title

Surname

First Name

Middle Name

Relationship

*Gender (Tick boxes) Male Female

NOK's Correspondence Address

*Location Nigeria Abroad

Building No./Name

Street Name

Village/Town/City

Local Govt. Area

State Code

ZIP Code

Mobile Number *(Country Code + Mobile No)*

Country Code

P.O. Box or PMB(if any)

NOK Email

APPLICANT BIOMETRICS/CERTIFICATIION

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION

I

.....(Surname.....First Name.....Middle Name).....

hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

Recent passport
(with a white background)

Name should be boldly written at the back of the passport photograph.

Signature

Date

NIGERIA DATA PROTECTION REGULATION DATA CONSENT FORM

I hereby grant Norrenberger Pensions Limited and all its third-party processors authority to process my personal data, for the purpose of:

1. Opening an account
2. Processing of my benefits
3. Receiving newsletters, e-mails, social media posts and updates, promotions and marketing materials
4. Rectification of my data
5. Research and statistical purpose
   I am aware this is necessary for Norrenberger Pensions Limited legitimate interests to process personal information for the purpose of processing my request.
   I consent to Norrenberger Pensions Limited using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

Name of individual providing consent:

Address of individual providing consent:

Signature

Date

DATA PROTECTION OFFICER ENDORSEMENT

Name:

Designation :

Signature :

Date:

Location:

FOR OFFICIAL USE ONLY

Does the applicant have any Physical Challenge? If yes: Tick Type

Yes No Partial Complet/Others

PENSION OPERATOR CERTIFICATION

I hereby certify that the information given above is correct to the best of my knowledge This form was administered by;

(Surname

First Name)

(Agent Code)

(Designation)

(Agent Location)

Signature

Date.....

Attach copies of the following relevant document to the PFA

* NIN SLIP

* Official ID / Letter of first appointment/Attestation Letter (Public Sector Employees) and Letter of Appointment of (Private Sector)