

SECTION 3 SALARY STRUCTURE

FGN Treasury Funded MDAs only

Harmonised Salary Structure as at 2004
(e.g HAPSS, HATISS)

Consolidated Salary Structure as at 2007

Enhance Consolidated Salary Structure as at 2010

(e.g CONPSS, CONTISS)

GL as at June 2004

Step as at June 2004

GL as at Jan 2007

GL as at 2010

Step as at 2010

Current Salary Structure

Current GL

Current Step

Enhance Consolidated Salary Structure as at 2013

GL as at 2013

Step as at 2013

(ENCONTISS)

Enhance Consolidated Salary Structure as at 2016

GL as at 2016

Step as at 2016

SECTION 4 NEXT OF KIN 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

SECTION 5 APPLICANT BIOMETRIC/CERTIFICATION

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:

- Opening an account
- Processing my pension benefits
- Receiving newsletters, e-mails, social media posts and updates, promotions and marketing materials
- Rectification of my data
- 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: _____

SECTION 7 FOR OFFICIAL USE ONLY
 Does the contributor have any fingerprint challenge? **Please tick**
 Yes No Complete Partial Others

SECTION 8 PFA CERTIFICATION
 Form Reference Number Are supporting documents attached?
 Yes No

I hereby certify that the information given above is correct to the best of my knowledge

Name:

Designation:

Signature Date: _____

NOTES:
 All fields with asterisk (*) are **MANDATORY** and fields with asterisk (**) are **CONDITIONAL MANDATORY**