Request/Amendment Form:

Fill this form using your most current Personal Information

Date (DD/MM/YYYY) | | | | | | | |

1. Member Name

2. Member ID Number(s)   3. Scheme Name

4. Scheme Type   Tier 2 [ ]   Tier 3 [ ]   Personal Pensions [ ]

5. Date of Birth   6. Telephone Number

| | | | | | | | |

7. Postal Address   8. Employer Details (Current)

9. SSNIT   10. Employer Details (Pervious/Past)

11. Nationality   12. Occupation

13. Beneficiaries

First Name	Middle Name	Sur Name	DOB (DD/MM/YYYY)	% Split*	Gender	Relation to contributor
	Note: Split must total 100%					

Request Details:

Change of Date of Birth [ ]   Change of Name [ ]   Change of Postal Address [ ]

Change of Cell phone [ ]   New Business [ ]   Proposal

Addition/ Change of Beneficiary [ ]   Allocation related request [ ]   Claims Request [ ]

Statement Request [ ]   General Enquiry [ ]   TPFA [ ]

Other (please specify)

Specify Details of Other Request:

Please effect the following changes on my personal information with Enterprise Trustees.   Yes [ ]   No [ ]

Documents Enclosed

a.   Change of date of Birth

Birth Certificate (or)   ☐

Voter ID (or)   ☐

National ID

☐

b.   Change of Name

Marriage Certificate (or)   ☐

Afidavit (or)   ☐

Gazette   ☐

Other (Specify)   ☐

c.   Change of Source of Payment

Mandate form   ☐

ENTERPRISE GROUP KYC CONSENT FORM

CUSTOMER NAME:

CUSTOMER PHONE NUMBER COMPANY NAME:

1.   Do you hereby authorize us to collect, process and use your personal data for the purpose of providing [insurance] [pension] [funeral] [property] services in accordance with our Privacy Notice?
    ☐   Yes   ☐   No

2.   Do you consent to us sharing your personal data with other companies in the Enterprise Group for marketing activities?
    ☐   Yes   ☐   No

3.   Please be informed that you may withdraw your consent and opt-out of any or all of the marketing activities at any time.

4.   Please indicate through which media/channel you are permitting us to contact you:

(please tick as appropriate)

Email: ☐

Telephone: ☐

SMS: ☐

Social Media Platform: FACEBOOK   TWITTER   INSTAGRAM   LINKEDIN

Member Declaration

I. I completed this form in my own handwriting and.

    a. I declare and certify that to the best of my knowledge and belief, the information given in this

    b. Form and its attachment(s) are correct and complete.

II. I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

Signature (EMPLOYEE) *	*Signed Date (DD/MM/YYYY)*

III. This form was completed on my behalf by another person and;

    a. I declare and certify that to the best of my knowledge and belief, the information given in this has been duly explained to my full understanding and satisfaction.

    b. I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

Thumb Print (EMPLOYEE)

Right Thumb Print	Left Thumb Print

Thumb Date (DD/MM/YYYY)

Jurat

If the Applicant cannot read and write English, the following Jurat should be signed

I certify that this Application Form, before being signed by the Applicant was first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing and the said Applicant appeared perfectly to have understood same before making his/her mark hereto.

DETAILS OF WITNESS

Surname*	
First Name*	
Other Name(s)*	
Date of Birth* (DD/MM/YYYY)	
Type of ID*	☐ Passport ☐ Voter ID ☐ DriverS License ☐ Ghanna card
ID NUMBER	

Signature of Applicant _____ Date (DD/MM/YYYY)