



Premium Pension Limited

EXISTING CONTRIBUTOR RECAPTURE FORM

Recent Passport Photo (with a white background) Name should be boldly written at the back of the passport photograph

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

SECTION 1: RETIREMENT SAVINGS ACCOUNT (RSA) HOLDER'S DETAILS

\*RSA PIN [grid]

\*PFA NAME P R E M I U M P E N S I O N L I M I T E D

SECTION 2: PERSONAL DATA

\*Title (Mr., Mrs., Miss & Others) [grid]

\*Surname [grid]

\*First Name [grid]

Middle Name [grid]

Former Name [grid]

\*Mother's Maiden Name [grid]

\*Gender (M/F) Marital Status (MD/SG/DV/SP/WD) National Identity Number (NIN)

Bank Verification Number (BVN) \*\*International Passport Number(Non-Nigerians Only)

\*Date of Birth (DD MON YYYY) \*Nationality

\*Place of Birth [grid]

\*\*Sate of Origin (Nigerians Only) \*\*Local Government Area (Nigerians Only)

\*Residential Address [grid] \*\*Nigeria \*\*Abroad

\*House No./Name [grid]

\*Street Name [grid]

\*\*Village/Town/City [grid]

\*\*Local Govt. Code [grid]

\*\*State Code [grid]

\*\*Country Code [grid]

\*\*Country Name

\*\*Zip Code

Permanent Home Address  Nigeria  Abroad

House No./Name

Street Name

Village/Town/City

Local Govt. Code

State Code

Country Code

Country Name

Zip Code

\*\*Personal Email

\*Phone No.  Country Code (Tel.)  Mobile Number

**SECTION 3: EMPLOYMENT RECORD**

\*Sector Classification   
(Formal Sector (Fed & MDAs) Employees – 01; Private Sector Employees – 02; Informal Sector Employees – 03; Cross Border Employees – 04)

\*\*Employer Under IPPIS? (Tick if applicable)

\*\*Employer Name

\*Employers Current Business Location / Address  Nigeria  Abroad

\*Building No./Name

\*\*Street Name

\*\*Village/Town/City

\*\*Local Govt. Code

\*\*State Code

\*\*Country Code

\*\*Zip Code

P.O.Box/PMB (if any)

Official Email

\*Phone No. Country Code (Tel.) Mobile Number



Employee ID/No.

\*\*Service/ID No. (Police & Paramilitary Only)

Designation/Rank

Preferred Mode of Statement Delivery

\*\*Date of First Appointment with Public Sector (MON YYYY)

\*\*Date of Current Appointment/Transfer (Public Sector Only) (DD MON YYYY)



\*\*Date of Employment (Private Sector Only) (YYYY)

Date of Retirement (Retirees Only) (DD MON YYYY) (DD MON)



**SECTION 4: SALARY STRUCTURE**

FGN Treasury Funded MDAs Only

Harmonised Salary Structure as at 2004 Consolidated Salary Structure as at 2007 Consolidated Salary Structure as at 2010

GL as at June 2004 Step as at June 2004 GL as at Jan 2007 Step as at Jan 2007 GL as at 2010 Step as at 2010

**SECTION 5: NEXT OF KIN's DETAILS**

\*Title (Mr., Mrs., Miss & Others)

\*Surname

\*First Name

Middle Name

\*Relationship

\*Gender (M/F)

\*Correspondence Address  \*\*Nigeria  \*\*Abroad

\*House No./Name

\*Street Name

\*\*Village/Town/City

\*\*Local Govt. Area

\*\*State of Residence

\*\*Country (If based abroad)

**\*\*Zip /Postal Code**            (If living Abroad)

**P.O.Box/PMB(If any)**

**Email**

**\*Phone No.**

**Country Code (Tel.)**

**Mobile Number**

**SECTION 6: CONTRIBUTORS CERTIFICATION**

I -----  
 hereby certify that the information provided by me in this form is true and correct.  
**Signature (Please sign within the box)**

**Date: (DD MON YYYY)**

Note: 10 Fingerprints, Photograph and Signature to be captured ELECTRONICALLY  
 In case of statement delivery by Email our default is personal Email.

**SECTION 7: FOR OFFICIAL USE ONLY**

**\*Does the contributor have any fingerprint challenge? (Please tick)**

If Yes Tick Type: Partial  Complete  Others

Attach Supporting Documents

**SECTION 8: PREMIUM PENSION STAFF CERTIFICATION**

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

**\*Name**

**Staff ID**

**\*Designation**

**Location**

**\*Date (DD MON YYYY)**

**\*Signature**

**Notes:**

\*Indicates Mandatory Fields;

\*\*Indicates Conditional Mandatory Fields