Stanbic IBTC Pension Managers	RETIRE WELL MICRO PENSION REGISTRATION FORI (Informal Sector) PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS (* Mandatory Fields **Conditional Mandatory Fields)	2 1 9 5 2 3 6 3 5 0 5 8 3
1. PERSONAL DATA (Please tick as applicable)	* Phone Number (Dialing Code + Mobile Number)	* ID Number
*Registration Type Are you registered with any PFA ?	LGA Code	
YES NO New Registration * Signature	Personal Email Address P.O. BOX	*ID Date of Expiry
Transfer Window SIGNATURE HERE		(E.g: 01 / JAN / 2000)
* Surname		(-8,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2. OCCUPATIONAL RECORD * Sector Employment Type/Sector	* National Identity Card No. (NIMC No) For Nigerians Only
* First Name	Classification	
	* Nature of Business (informal sector only)	Bank Verification Number (BVN)
Middle Name		
	*Name of Employer/Business / Association/Cooperative / Individual	RSA Personal Identification Number PFA CODE
		PEN:
Maiden/Former Name		CLIENT CONSENT
		I hereby certify that the information provided in this form is correct. I Further consent and authorize
* Title (Mr/ Mrs Ms/ Miss)	* Location : Abroad Nigeria *House No.	National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom) for the maintenance and operation of my Retirement Savings
* Marital Status (SG/MD/WD/DV/SP	*Employer/ Business / Association/Cooperative Address.	Account. It is my understanding that PenCom shall exercice due care to ensure that my information is secured and protected.
Marital Status Code SG - Single D - Divorced * Gender		* PASSPORT PHOTO HERE * Signature
* Date of Birth WD - Widow (M/F)		
(E.g: 01 / JAN / 2000) * LGA Code * State of Origin		NAME & SIGNATURE SHOULD BE BOLDLY SIGNATURE HERE
	* Village/ Town/ City	WRITTEN AT THE BACK OF
* Nationality Place of Birth (See attached code list)	P.O. BOX	
* Residential Address	* Country Code	A WHITE BACKGROUND *Date (DD/MMM/YYYY)
** Zip Code *House No.	* Work/ Business Phone Number (Dialing Code + Mobile Number	
* Location : Abroad Nigeria		* Client Name
*Street Name	Employment Status (Employed/Self Employed) * State Code	
		*Client Address
* Village/ Town/ City * State Code	3. PERSONAL IDENTIFICATION	
* Village/ Town/ City * State Code	ID TYPE National ID Valid Driver's License Voter's Card International Passport Company ID	* FORM REFERENCE No.: 21CR

RETIRE WELL MICRO PENSION REGISTRATION FORM

4. NOTIFICATION SETUP (Please tick the appropriate box)	6. PEP ASSESSMENT/DISCLOSURE QUESTIONS				
Welcome letters/Statement/Balance Enquiry	Are you a Politically Exposed Person (PEP)?				
Email Only SMS Don't Deliver/No Alerts(Self Help)	Are you a current or YES Please state				
Payment/Withdrawal	past political office holder?				
Email Only SMS No Alerts(Self Help)	*Start Date (DD/MMM/YYYY) * End Date (DD/MMM/YYYY)				
* Signature					
SIGNATURE HERE	Are you related to or in business with a current or past political office holder?				
SIGNATORETLERE					
5. NEXT OF KIN DETAILS	Please state relationship				
* Title * Gender * Relationship	7. SOCIAL MEDIA DETAILS				
	Kindly tick your preferred social media network from the boxes below and fill in the correspondinghandle name.				
	Instagram Twitter				
* Surname	FaceBook Others (please specify)				
	FOR OFFICIAL USE ONLY				
* First Name	SIPMI SALES REPRESENTATIVE				
	I hereby certify that I have sighted the original copies of documents provided by the RSA holder and that the				
Middle Name	SIGNATURE HERE information given above is correct to the best of my knowledge.				
** Zip Code	Is Contributor Physically Challenged?				
* Residential Address * Country Code * House No.	* Date (DD/MMM/YYYY) If YES, Tick Type : PARTIAL COMPLETE				
* Location : Abroad Nigeria	Supporting Documents YES NO				
	* Agent Code				
*Street Name	duly signed by MD/CEO and Compliance Officer				
	Photograph of impairment				
* Village/ Town/ City * State Code	SAP ID				
	* SUPPORTING DOCUMENTS ATTACHED (Mandatory)				
* Phone Number (Dialing Code + Mobile Number) * LGA Code	* (Please tick the appropriate box)				
	Means of Identification (any one of the following): (Valid Driver's license/Voters card/International passport/Company ID card/National Identity Card or Enrolment Slip)				
	Evidence of Membership in a registered Association / trade union				
Email Address	or certificate of business registration, in the case of self employed persons				
	(Request for atleast one of the listed supporting documents. Ensure that the collected documents are stamped, dated and signed)				
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	Page 2 of 2				

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