

# Petra Advantage Pension Scheme™

## Form 1 – Tier 2 Employer Application Form

**Instructions:** Before you sign this application form, we are obliged to give you a Product Disclosure Statement (PDS), which is a summary of the important information relating to the Scheme. The PDS will help you to understand the product and decide if it is suitable for you. The current version of the PDS, which you should read in conjunction with this form, has a publication date of 26th March 2012 can be found on page 8 of this document



Please complete all sections of this form. This application will be considered incomplete until signed by an authorized representative of the applicant. Please complete this form in Black pen and in BLOCK letters and forward the completed application form to Petra Trust at **113 Airport West, Accra** or call **0242435037** for alternate submission options.

### 1. Employer Details

Organization Name	
Company Registration Number	Petra Trust Employer Number (if applicable)
SSNIT Number	Total Number of Employees
Tax identification Number	Industry Code (See next page for list of industry codes)
Postal Address	
City / Town	Region
Street Address	
Office Location Directions(from a major landmark)	

### 2. Fund Membership Details

Month for which your first contribution applies (MM / YYYY)	Number of your employees joining this Master Trust at commencement?		
Total 5% contribution amount as at registration			
Salaries will be paid (Select Below)			
Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	
<b>Note:</b> If salaries are not paid at the same time for all employees, please advise in an attachment, the basis to apply for each category. For example part-time, casual or different award classification.			
<b>Contact Person:</b>			
Title	First Name	Middle Name	Surname
Email Address			
Phone Number	Cell Phone Number		

### 3. Declaration

I am duly authorized to make this application on behalf of the organisation set out in Section 1 of this application. On behalf of my organisation, I declare that:

- my organisation agrees to be bound by the Trust Deed and the Rules Governing the Fund published on 26th March 2012
- my organization has read and understood the relevant Product Disclosure Statement (PDS)
- my organization hereby applies to become a Participating Employer (as defined in the Trust Deed);
- the information supplied on this application form is true and correct at the date of signing and my organization will notify the Trustee immediately if any of this information changes.

Name of Authorized Officer			
Title	First Name	Middle Name	Surname
Email Address		Cell Phone Number	
Signature of Authorized Officer		Date (DD/MM/YYYY)	

## Industry Codes

Business Sector	Code
Automotive	PI01
Aviation	PI02
Construction	PI03
Education	PI04
Engineering	PI05
Financial Services	PI06
Food Processing	PI07
Freight Forwarders/Couriers	PI08
Healthcare	PI09
Insurance	PI10
Manufacturing	PI11
Mining	PI12
Printing	PI13

Real Estate	PI14
Retail	PI15
Security	PI16
Social Service	PI17
Solicitor	PI18
Telecommunications	PI19
Transport & Distribution	PI20
Travel & Tourism	PI21
Warehousing	PI22
Waste Management	PI23
Wholesalers	PI24
Other (please specify)	PI25