

# Petra Opportunity Pension Scheme

## Employee Application Form



**Instructions:**

You are signing on to your employer’s Provident Fund Scheme.  
Please complete all applicable sections of this form in BLOCK letters and forward a scanned copy of the completed form via e-mail to **customerservice@petraonline.com** or deliver a hardcopy to our office at **217 Airport West, Roman Ridge, Accra**. Alternatively, you can submit the completed form to the officer in charge of pensions in your institution. This application will be considered incomplete until signed by the applicant.

### 1. Personal Details ▼

Title	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)		Social Security Number	Passport Picture <input type="text"/>
<input type="text"/>		<input type="text"/>	
Nationality	Marital Status		
<input type="text"/>	<input type="text"/>		
ID Type	ID Number		
<input type="text"/>	<input type="text"/>		
Ghana Card Number	Occupation	Employer Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male <input type="radio"/>	Female <input type="radio"/>		
Residential Address			
<input type="text"/>			
City / Town		Region	
<input type="text"/>		<input type="text"/>	
Mailing Address (If different from residential address)			
<input type="text"/>			
Mobile Number		Telephone Number	
<input type="text"/>		<input type="text"/>	
Primary Email Address			
<input type="text"/>			
Secondary Email Address			
<input type="text"/>			

### 2. Beneficiaries ▼

Complete this section to name the beneficiaries to your funds in the scheme. Total benefits should add up to a **100%**.

First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number (If applicable)	ID Type	Date of Birth	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total % of Benefits			
<input type="text"/>			

Additional beneficiaries may be included on the **Optional Additional Form** provided. The total of the percentage of benefits indicated on this form and the optional additional form (if applicable) should add up to a **100%**.

### 3. Declaration ▼

i. I agree to be bound by the terms of the Petra Opportunity Pension Scheme Trust Deed and governing rules as may be amended by the Trustee from time to time.  
ii. I declare that the information I have given in this application form is complete and accurate at the date of signing and shall notify Petra Trust immediately if any of this information changes.

Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Additional Beneficiaries

Complete this section to name your remaining beneficiaries. Total benefits should add up to a **100%**. This includes the the already named benefits above.

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits

First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

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ID Number (If applicable)

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First Name

Middle Name

Last Name

Relationship

ID Number (If applicable)

ID Type

Date of Birth

% of Benefits