



**GES  
OCCUPATIONAL  
PENSION  
SCHEME**

**CONTRIBUTOR ENROLMENT FORM**

**Instructions:**

The use of **CORRECTION FLUID** on any part of this **form** is **not allowed**. It renders the form invalid.

Please fill in **BLOCK LETTERS** and return the hard copy to your local GES Office/Union Office/GLICo office/GESOPS Secretariat or forward scan copy to [enquiries@gespensions.com.gh](mailto:enquiries@gespensions.com.gh)

Add a copy of your valid National ID

Passport picture

Please write your name and staff ID behind the picture

**Fasten Picture here**

**PART I: MEMBER'S PERSONAL DETAILS**

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
Name of Contributor:			
Staff ID:		SSNIT Number:	
Date of Birth [DD/MM/YYYY]:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Place of Birth:		Ghana Card Number:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>			
Identification Details: Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/>			
ID Number:		Email Address	
Residential Address:			
Telephone Number:		Nationality: Ghanaian <input type="checkbox"/> Non Ghanaian <input type="checkbox"/>	
Mother's Name:			
Father's Name:			

**PART II: MEMBER'S NEXT OF KIN/BENEFICIARIES DETAILS**

I hereby declare that the person(s) whose name(s) is/are indicated below is/are to receive any benefits due me in the event of my demise. **(The sum total of all your allocation must be equal to 100%)**

BENEFICIARY 1	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 2	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 3	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 4	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:
BENEFICIARY 5	
Full Name:	Relationship to Contributor:
Date of Birth [DD/MM/YYYY]:	Telephone Number:
Residential Address:	% Allocation:

**Sum Total of Allocation:** \_\_\_\_\_

**NOTE: REQUEST FOR AN ADDITIONAL FORM IF BENEFICIARIES EXCEED FIVE (5) IN NUMBER**



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**DECLARATION BY APPLICANT**

I declare that the information provided is TRUE AND COMPLETE and also exonerate the GESOPS Board from any liabilities.

Full Name of Applicant:

Date

Signature:

**PART II: EMPLOYMENT DETAILS (To be completed by GES supervisor)**

District:

Institution:

Postal Address:

Telephone Number:

Email

Mobile Number:

**DECLARATION BY GES SUPERVISOR**

I certify that this Contributor Enrolment Form as received is certified to be true and accurate. The information provided by the signatory is to the best of his/her knowledge accurate.

Name of GES Supervisor:

Date and Signature:

Office Stamp