

Account Opening Form

Retirement Savings	Voluntary Contribution (VC)	Micro Pension Contribution (MPC)	
National Identification Number	(NIN)*	Bank Verification Number (BVN)*	
PIN Number		Reference Number	Marketer Code
Please Complete in BLOCK LE	TTERS		
1 Daysonal Dataila			
1. Personal Details			Marital Status
Surname*			(M/S/D/W)*
First Name*			
Middle Name*		Title*	Gender (M/F)*
Date of Birth (DD/MM/Y	YYY)* Place of Birth	Maiden Nar	ne
Mother's Maiden Name*		State of Origin*	L.G.A *
Current Home Address (Not P.O.Box)*		
Phone Number*		Mobile Phone Number*	- *
Postal Address (if differen	t from the above)		
City/Town*		State*	Country*
E-mail Address*			
Nature of Business*		Sector*	
2. Employment De	taile		
Employer code	tans,	Employee/ Service Number*	
Employer code		Zmp.byce: Service rumber	
Name of Organisation*			
Office Address (Not P.O.	.Box)*	·	
Office Phone Number	Date of	F Employment (DD/MM/YYYY)* Type	e of Employment*
			ull Time Part Time
	Date of	First Appointment (DD/MM/YYYY)*	
Designation*			State of Posting*
A see al Decision Color		Tooloo	
Annual Basic Salary		Transport Allowance	
Housing Allowance		Employer's Monthly Contribution	1973
Housing Allowance		N Employer's Monthly Contribute	0
Your Monthly Contr	ibution	Rate of Contribution	
*		Employee Employer	
Voluntary Contribut	ion (VC)	*Asterisked items are manda	tory to be filled*



3. Next of Kin Gender (M/F)* Title Surname* Middle Name* First Name* Marital Status (M/S/D/W Date of Birth (DD/MM/YYYY)* Relationship (Husband/Wife/Son/Daughter/Brother/Sister/etc) Residential Address (Not P.O.Box)* Phone Number State* Country* City/Town* E-mail Address 4. Contact Details For your account statements and other correspondence, please confirm how you want them to be dispatched to you: Others Please Specify..... Post E-mail Pick-up Date (DD/MM/YYYY)* YOUR NAME SHOULD BE BOLDLY WRITTEN AT THE BACK OF YOUR PHOTOGRAPH Signature **PRIVACY NOTICE:** PASSPORT CrusaderSterling Pensions Limited (CPL) is committed to protecting your personal data. This will be processed lawfully; maintained for its original purpose; retained no longer than necessary and kept securely. The information will be used majorly for the Purpose of Pension Fund Administration and Management. You could update your personal details by sending a mail to info@crusaderpensions.com or call Yemi on 01-2714605. For more details, please read up our data privacy policy on this link: http://www.crusaderpensions.com/data-privacy-policy 5. Consent I hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected. Date (dd/mm/yyyy) **Customer Signature**

Regional Offices:

CORPORATE HEAD OFFICE 14b, Keffi Street, Off Obafemi Awolowo Road, S/W Ikoyi, Lagos Tel: 012797250

PORT HARCOURT No 1A, Evo Road, Off Olu Obasanio Road, Beside Peperoni Fast Food, G.R.A., Port Harcourt, Rivers State. Tel: 0706 374 2599 **IBADAN** No 18, Obafemi Awolowo Way **Opp. Nigerian Baptist Convention** Oke Bola Ibadan Tel: 0814 480 7383

ABUJA Suite F42, 4th Floor, River House 83, Raphael Sodeinde Street, Opp. Ministry of Finance HQ. CBD, Abuja Tel: 0813 728 4995

We have offices in all the thirty six states of the federation.