



**TRANSFER WINDOW EXPRESSION OF INTEREST FORM (EOI)**

*Note: ensure to fill all fields correctly*

\*Title:

\*Surname:

\*First name:

\*Other names:

\*Date of Birth:

\*Email:

\*Phone Number:

\*State of Residence:  \*City:

Nearest VGPensions Branch:

\*Name of Current PFA:

\*Name of Employer:

National Identification Number (NIN):

\*RSA PIN: 

PEN																			
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Referred by Name  Tel

By submitting this form, I permit VG Pensions or its designated representative(s) to contact me regarding the transfer of my RSA

<b>Internal Use</b>	
Processed by: .....	.....
Name	Date & Sign
TW Officer: .....	.....
Name	Date & Sign