Veritas
GLANVILLS PENSIONS
...a Promise to your Future Self

EXISTING CONTRIBUTOR/RETIREE RECAPTURING FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

Section 1: RSA Details

1. * RSA Status: Retiree ☐ Active ☐
2. * RSA PIN: P E N
3. * PFA Name:

4. List of Other RSA PINs & their PFAs (where applicable)

PIN: P E N
PFA Name:
PIN: P E N
PFA Name:
PIN: P E N
PFA Name:

Section 2: Personal Data

2a. Non-Updatable Fields

1. * Title (Mr, Mrs, Miss & Ms):
2. * First Name:
3. * Surname:

2b. Updatable Fields

1. Middle Name:
2. Maiden/Former Name:
3. * Gender * Marital Status (MD/SG/DV/WD/SP) * Nationality
4. ** State of Origin Code: ** Local Government Area of Origin Code:
5. * Place of Birth (City): * Date of Birth (DD-MON-YYYY):
6. * Bank Verification Number (BVN): * National Identity Number (NIN):
7. * * Residential Address: Nigeria ☐ Abroad ☐
8. House No./Name:
9. Street Name:
10. ** Village/Town/City: ** LGA Code:
11. ** State of Residence Code: * Country of Residence Code:

12. ** Zip Code: P.O. Box/P.M.B * Phone No: (Country Code + Mobile Number)

(Mandatory where Country of Residence is abroad)

13. Personal E-Mail Address:

Section 3: Employment Record

1. * Sector Classification:

Public Sector Employees Private Sector Employees Micro Pension Plan Participants Cross Border Employees

2. ** Employer under IPPIS: Yes No (For Public Sector Only)

3. **Employee IPPIS No: ** Date Employee Joined (DD-MON-YYYY)

4. * Employer Name (In full):

5. ** Employer Address: Nigeria Abroad

6. Building No./Name:

7. Street Name:

8. **Village/Town/City:

9. ** LGA Code: ** State Code: P.O.Box/P.M.B:

10. ** Zip Code: ** Country Code:

(Applicable to foreign residents only) (Applicable to foreign residents only)

11. Employer's Phone (Country Code + Tel. Number): ** Nature of Business (Informal Sector Only)

12. ** Employee ID/No. ** Service ID/No.

(Public, Private Sectors & Cross-Border Employees Only) (Police & Paramilitary Only)

13. ** Designation/Rank:

14. ** Date of First Appointment (For public sector employees): Date of Current Employment (DD-MON-YYYY)

(DD-MON-YYYY)

15. ** Date of Transfer of Service (For Treasury Funded FG & State MDAs Employees Only):

(DD-MON-YYYY)

Section 4: Salary Structure (For Treasury Funded FG & State MDAs Employees Only)

1. ** Harmonized Salary Structure as at 2004 (e.g. HAPSS, HATISS) ** GL as at June 2004 ** Step as at June 2004
2. ** Consolidated Salary Structure as at June 2007 (e.g. CONPSS, CONTISS) ** GL as at June 2007 ** Step as at June 2007
3. ** ENH. Consolidated Salary Structure as at 2010 ** GL as at 2010 ** Step as at 2010
4. ** ENH. Consolidated Salary Structure as at 2013 ** GL as at 2013 ** Step as at 2013
5. ** ENH. Consolidated Salary Structure as at 2016 ** GL as at 2016 ** Step as at 2016
6. ** Current Salary Structure (ENHCONTISS) ** Current GL ** Current Step

Section 5: Next of Kin's Personal Data

1. * Title (Mr, Mrs, Miss & Ms): * Gender (M/F): * Relationship:
2. * First Name:
3. * Surname Name:
4. Middle Name:
5. ** NOK's Correspondence Address: Nigeria Abroad
6. NOK House No./Name:
7. NOK Street Name:
8. ** NOK Village/Town/City:
9. ** LGA Code: ** State of Residence Code: ** Country of Residence Code:
10. ** Zip Code:
11. P.O.Box/P.M.B:
12. Email:
13. * NOK Phone No.: (Country Code + Mobile Number):

Section 6: Contributor's Biometric Information/Certification

1. * **Certification by Contributor**

I _____ hereby certify that the information provided in this form is correct. I further consent and authorize Nigeria Inter-bank Settlement System Plc. and National Identity Management Commission to release my BVN and/or NIN information (as may be required) to the National Pension Commission (PenCom) 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.

2. * Picture
(Recent Passport Photo with a white & black background)

Name should be boldly written at the back of the passport photograph

** Signature

Date (DD-MON-YYYY):

Section 7: PFA Certification (For Official Use Only)

* PFA Code _____

I hereby confirm that the information above are as given by the within named contributor/retiree and that all original documents have been sighted and copies of necessary documents obtained.

This form was administered by:

First Name:

Surname:

Date (DD-MON-YYYY): Agent Code:

Signature:

Notes:
* Indicates Mandatory Fields
** Indicates Conditionally Mandatory Fields