



The Registrar of Pensions and Insurance
P/Bag 30X
Ridgeway
Lusaka
Tel: 250394/255505
Fax: 255503/255504

REGISTRATION OF PENSION SCHEME

Basic Details of Pension Scheme to be registered

1. Full name of Applicant (Scheme)
 - (a)
 - Previous name(s)
 - (b)

2. Postal address of scheme.....
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.....
Telephone..... Facsimile

3. Physical address of the place where the pension scheme is to be established or managed.
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.....

4. Registered office address.....
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.....

5. Scheme status – tick appropriate box

<input type="checkbox"/>	Open
<input type="checkbox"/>	Frozen
<input type="checkbox"/>	Closed

6. Benefit type – tick appropriate box

<input type="checkbox"/>	Money purchase
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Death in Service benefit

Lump sum by commutation
 Defined benefits

Combination of benefits specified above

7. Commencement date of scheme

8. Date of first premium/contribution

9. Total membership.....

10. Is the Scheme membership discretionary?

- tick appropriate box Yes No

11. Estimated total contributions by all participating employers to this scheme.....

12. Estimated employee contributions (as percentage of remuneration).....

13. State normal retirement age.....

Scheme Documentation

14. Interim trust deed
Date of execution

15. Definitive trust deed
Date of execution

16. Funding

Nature of scheme investment – tick appropriate box

- Insured
- Self-administered
- Unfunded

17. Insured details

Are the Scheme benefits, or any of them, secured by a contract of Insurance or an annuity contract?
Tick appropriate box Yes No

If yes complete items 18, 19 and 20 if not go to item 21

18. Address of Insurer.....

19. Address of Insurer (where the pensions department is located).....

- 20. Insurance company reference/policy number, if known.....
- 21. Attach certified copy of the Certificate Incorporation of the trust.....
- 22. Zambia Revenue Authority Tax approved reference number.....

About the Scheme

23. Name of all scheme trustees and their contact addresses if different from Scheme address.

Name.....
Address.....

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Name.....
Address.....

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Name.....
Address.....

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About Scheme Professional Advisors

24. Name of Scheme Actuary.....
Address.....
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Telephone No..... Facsimile.....

25. Attach latest Actuarial Valuation Report (NB. Initially not applicable to newly established pension funds or pension fund managers).

26. Name of Scheme Auditor.....
Address.....
.....
.....

Telephone No..... Facsimile.....

27. Attach latest Audited Accounts (NB. Not initially applicable to newly established pension funds or pension fund managers).

About Scheme Administrator

28. Is the employer the scheme administrator? If not give details below – *tick appropriate box.*

Yes No

Name of Scheme Administrator.....

Contact Address.....

.....

.....

.....

Telephone No..... Facsimile.....

About the principal employer (where relevant)

29. Principal employer’s (current) name.....

30. Principal employer’s address.....

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31. Nature of Business.....

32. Employer’s accounting date

About current employers associated with the scheme (other Participating Employers)

33. Employer’s name.....

34. Employer’s address.....

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Employer’s name.....

Employer’s address.....

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Employer’s name.....

Employer’s address.....

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Previous principal employer or previous name(s) by which the principal employer has been known and any previous address

(Details required are those of all the employers to which the scheme has been related)

35. Employer's name.....

36. Employer's address.....

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Employer's name.....

Employer's address.....

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Employer's name.....

Employer's address.....

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37. Certified up-to-date extract from the register of companies (please attach).

38. Description of the applicant's qualifications enabling the applicant to manage a pension scheme or fund (please attach).

39. Total amount of application fee (enclosed).....

40. Cheque No.....

DECLARATION

I/We hereby apply for registration of the Pension Scheme named in Section 1 on this form.
I/We declare that to the best of my/our knowledge and belief the information given in this application is correct and complete.

Signed (by or on behalf of administrator)

Name.....

Capacity in which signed.....

Date.....

Address.....

.....

NOTES:

1. Please make sure the registration application form is completed correctly and is printed or typed in capital letters. If in doubt, please contact the Registrar’s office for guidance and help before completion of this form.

2. If any of the information required on the form is not available at the time of registration you should inform the Registrar of the reason why it cannot be provided. But you should supply as much information as is practicable on initial submission of the registration application form.

3. If there is not enough room on this page for the entries you have, please photocopy the page as required.

Any photocopied pages should be enclosed with this form. Indicate number of continuation sheets

4. Please give the name, address and telephone number of the person(s) to whom any enquiries about this form should be sent which should be a scheme trustee or person authorised to act on behalf of the trustees.

Name.....

Address.....

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.....

Telephone No.....

Facsimile.....

5. Please send the form and the cheque for the total amount of the registration fee to the address shown at the bottom of this page.

The crossed cheques should be endorsed either “A/C payee” or “not negotiable” and made payable to “PENSIONS AND INSURANCE AUTHORITY”. (Please PRINT in CAPITAL LETTERS).

6. If you require confirmation that your scheme details have been recorded on the register, please enclose a stamped self-addressed envelope.

7. Please send this form to: The Registrar of Pensions
P/Bag 30X
Ridgeway
Lusaka

Telephone: 228990/228991

Prescribed Fees

Fee Units

- | | |
|------------------------------------|--|
| 1. Establishment of Pension Scheme | 3 fee units per scheme member
at a minimum of 5.556 fee units |
| 2. Management of Pension Scheme | 8.333 |

