PARTHIAN PENSIONS

First Floor, NIJ House, 20 Adeyemo Alakija Str, V/Island, Lagos
T: 07037242322, **E:** info@parthianpensions.com,
W: www.parthianpensions.com

PASSPORT SIZE PHOTO
ON WHITE BACKGROUND

RSA HOLDER DETAILS

TITLE: MR ☐ MRS ☐ MISS ☐ MS ☐ GENDER: MALE ☐ FEMALE ☐ MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPERATED ☐

RSA PIN

*BANK VERIFICATION NUMBER (BVN)

*FIRST NAME

*NATIONALITY

MIDDLE NAME

*DATE OF BIRTH (DD MMM YYYY)

*SURNAME

*PLACE OF BIRTH (CITY/VILLAGE)

*PHONE NO 1: [COUNTRY CODE] + [PHONE NO]

*PHONE NO 2: [COUNTRY CODE] + [PHONE NO]

EMAIL ADDRESS

RESIDENTIAL ADDRESS

LAST EMPLOYER NAME

*DATE OF EMPLOYMENT (DD MMM YYYY)

*DATE OF RESIGNATION (DD MMM YYYY)

RESIDENTIAL ADDRESS

BENEFIT APPLICATION OPTIONS

KINDLY TICK YOUR DESIRED BENEFIT OPTION

LUMP SUM ☐ PROGRAMMED WITHDRAWAL ☐ ANNUITY ☐ AVC ☐ 25% JOB LOSS ☐ ENBLOC ☐ DEATH BENEFIT ☐ ADDITIONAL BENEFIT ☐
STATE SCHEME ☐ PRE SCHEME ☐

BANK ACCOUNT DETAILS

ACCOUNT NAME

ACCOUNT NO

BANK NAME

TAX ID (AVC ONLY)

NEXT OF KIN DETAILS

TITLE: MR ☐ MRS ☐ MISS ☐ MS ☐ GENDER: MALE ☐ FEMALE ☐

*FIRST NAME

*NATIONALITY

MIDDLE NAME

*DATE OF BIRTH (DD MMM YYYY)

*SURNAME

RELATIONSHIP

*PHONE NO 1: [COUNTRY CODE] + [PHONE NO]

*PHONE NO 2: [COUNTRY CODE] + [PHONE NO]

EMAIL ADDRESS

RESIDENTIAL ADDRESS

DECLARATION

I _____

hereby confirm that the information supplied by me is true and correct. I hereby indemnify Parthian Pensions Limited, its officers, and associates from any liability arising out of untrue information provided by me above. I further authorize Parthian Pensions Limited to update my RSA details stated above with any of the information so provided.

CLIENT SIGNATURE

DD/MMM/YYYY

FOR OFFICIAL USE ONLY

CLIENT SIGNATURE

STAFF NAME & ID NUMBER

SIGNATURE & DATE