

RETIREMENT BENEFITS AUTHORITY

**APPLICATION FOR REGISTRATION OF A NEW OCCUPATIONAL
RETIRMENT BENEFITS SCHEME**

PART I - DETAILS OF PROPOSED SCHEME

- A. (i) Name of scheme.....
- (ii) Income Tax P.I.N. Number

B. Provide the following particulars regarding the proposed scheme:

- (i) Is it a provident or pension fund?
.....
.....

- (ii) State whether the scheme is a defined contribution or a defined benefit scheme.
.....
If other, specify.....

C. Provide the following information regarding the proposed scheme:

- i) Proposed number of members of the scheme.
.....
- ii) Number of the total permanent workforce of the sponsoring employer(s).
.....
- iii) Is membership of the scheme proposed to be compulsory or voluntary?
.....

(iv) Proposed scheme's vesting formula.

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.....
.....
.....
.....
.....

D Where applicable state the contribution formula for the employee and the employer:

Employee.....

Employer.....

E Provide the following particulars on the proposed scheme:

i) Registered office:

Building.....

Road.....

Postal Address
.....

Telephone
.....

Telex.....

Fax/Email.....

ii) Is the scheme established under an irrevocable trust? YES/NO.

If no, state the basis of establishment.

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- iii) Is the scheme registered under the Income Tax (Retirement Benefits Scheme) Rules? YES/NO.

If yes, state the Income Tax Reference Number.

F. Provide the following details in the appendices:

- i) Members of the Board of Trustees (Appendix A)
- ii) Auditors, Legal Advisors, Actuary, Managers, Custodian and Administrators (Appendix B)

PART II - PARTICULARS OF SPONSOR(S)

(Incase of more than one sponsor provide the following particulars for each on a separate attachment)

A Name of Sponsor(s):

.....
.....

B Physical Address

Building.....Road.....

Town.....

Postal Address.....Telephone.....Fax/Email.....

C (i) Income Tax P.I.N. Number

(ii) Income Tax Reference Number
.....

D Number of members in service of the sponsor.

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PART III - ATTACHMENTS

Please attach copies of the following:

- (i) Trust deed and Rules

- (ii) An actuarial report certifying the design and financial viability of such proposed scheme.
- (iii) Schedule of the rates of contributions to be payable to the scheme.

I hereby declare that section 26 of the Act has been complied with and the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of the alteration.

Signed on this day of.....

.....

Signature of Applicant.

Full name:.....

Designation:.....

PARTICULARS OF PROPOSED BOARD OF TRUSTEES

Name of Scheme:.....

Trustees (Full Name)	Nationality	Permanent Address	Occupation	Date of Appointment	Representation in Board (employer, employee or independent)

PARTICULARS OF PROPOSED AUDITORS, LEGAL ADVISORS, ACTUARIES, MANAGERS, CUSTODIANS, AND ADMINISTRATORS

Name of Scheme:

	Name of firm	Income Tax P.I.N Number	Address/ Telephone, or E-mail	Professional body to which Partner/company are members	Date of appointment
Auditors					
Actuaries					
Administrators					
Custodian					
Legal Advisors					
Managers					