

MEMBER ENTRY FORM

NAME OF SCHOOL :

NAME OF EMPLOYEE:

MAIDEN NAME (APPLICABLE TO MARRIED FEMALE EMPLOYEES)

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PERSONAL DATA

DATE OF BIRTH: NATIONAL IDENTITY NO.

SEX :

ADDRESS :

RECORD OF SERVICE

I, the undersigned, hereby wish to join the Private Secondary Schools Pension Scheme managed by SICOM Limited. I declare having read and understood the Rules of the Scheme. I also agree that my decision to join the Scheme is irrevocable.

I further, authorize the Private Secondary Schools Authority to make the relevant deduction from my salary.

Signature of Employees: Date:

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I certify that the above particulars are correct.

Signature:.....

Manager

FOR PSSA USE ONLY

Date of commencement of pensionable service:

Pensionable Salary:

Signature : Date:

/bd