

## EXISTING CONTRIBUTOR/RETIREE RECAPTURING FORM

**SECTION 1: RETIREMENT SAVINGS ACCOUNT PERSONAL IDENTIFICATION NUMBER (RSA PIN ) HOLDER'S DETAILS**

**If other PINs are more than 3, please attach a listing**

## 1

\* Local Government Area Code

\* State Code

P.O.Box or PMB(if any)

\*\* Country Code

\*\* Zip Code

Personal Email Address

\* Mobile No. (Local)

\*\* Mobile No. (International If any)

### SECTION 3: EMPLOYMENT RECORD

3.a \* **Sector classification**

3.b \* (Formal Sector Employees-01)  (Informal Sector Employees-04)  (Cross Border Employees-05)

**Employer Name** (in Full e.g National Pension Commission NOT PenCom)

3.c \* **Current Business Location / Address**

\* Building No./Name

\* Street Name

\* Village/Town/City

\* Local Government Code

\* State Code

\*\* Country Code

\*\* Zip Code

3.d **International Mobile / Telephone Number (If any)**

\*\* Country Code

3.e **Nature of Business** (For Informal Sector Employee Only)

3.f **Employee ID/No.** (Public, Private Sectors, CPFA, AES & Cross-border Employees Only)

\*\* **Service / ID Number** (Police & Paramilitary Only)

Designation/Rank

Office Tel. No.

Official Email Address (if any)



## SECTION 6: EMPLOYER'S CONFIRMATION

\* I confirm that the within-named person is/was an/a employee/retiree of .....  
and the information provided by him/her is true and correct to the best of my knowledge.

Name of Staff	
*	

[illegible]

Signature (Please sign within the box)

Date (DD MON YYYY)

## SECTION 7 : APPLICANT's BIOMETRIC/CERTIFICATION

### 7.a \* Certification by Employee

\* | \_\_\_\_\_  
hereby certify that the information provided by me in this form is true and correct.

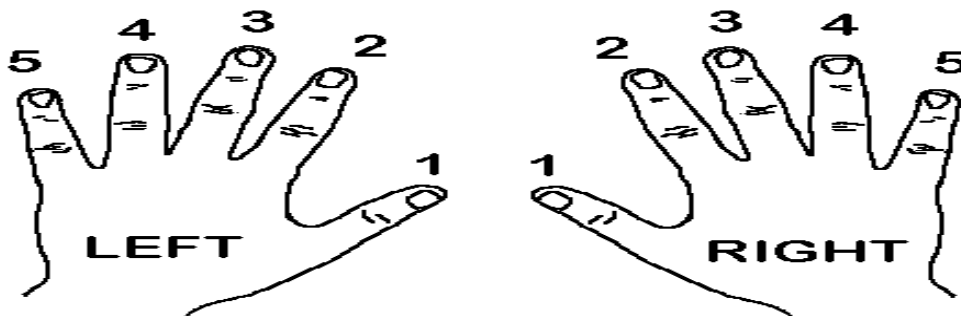
\* Signature (Please sign within the box)

\* Date: 

D	D	M	O	N	Y	Y	Y	Y
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**7.b**

**Note: 10 Fingerprints, Photograph and Signature to be captured **ELECTRONICALLY****

**SECTION 8: For Official Use Only**

**8.a \*** Does the Contributor/retiree have any Physical Challenge?

Yes		No	
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If yes: Tick Type	Partial:	Complete:	Others:
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8.b \* **PFA CERTIFICATION**

## \* 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.

This form was administered by:

[illegible]

Date 

D	D	M	O	N	Y	Y	Y	Y
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**Signature**

**NOTES:**

\* Indicates Mandatory Fields  
\*\* Indicates Conditional Mandatory Fields