

RETIREMENT SAVINGS ACCOUNT OPENING FORM

Tick one of the following boxes	Open a Voluntary Contribution Account Only
Open Retirement Savings Account	Transfer a Retirement Savings Account from Other PFA

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CLIENT REMUNERATION	
Basic Salary	Housing Allowance
Transport Allowance	Other Allowances
NEXT-OF-KIN	
Title Surname	Sex
First Name	(M/F)
Middle Name	
Email	
Residential Address	
Town	State Country
Town	State Country
	ee attached) (See attached)
	Contact Phone
CERTIFICATION	
I hereby certify that the information provided is true	and correct
Passport Photo Left Thumbprint	Right Thumbprint Signature
White background	ent Code Date Form Completed
	ent Code Date Form Completed
0 0 2 9	
ACCOUNT TRANSFER	
Please complete this costion for Assessed Transfer	
Please complete this section for Account Transfer RSA Number	PFA Code (See attached)