

## **PORTING/TRANSFER FORM**

Instructions:

The use of CORRECTION FLUID on any part of this form is not allowed. It renders the form invalid.

Please fill in **BLOCK LETTERS** and return the hard copy to your local GES office/Union office/GLICo office GESOPS Secretariat along with a copy of your release letter/letter of introduction from GES and a copy of any valid National ID card, SSNIT card and payslip.

DETAILS OF APPLICANT	
Name of Applicant:	
Date of Birth [DD/MM/YYYY]:	Gender: Male Female
ID Type:	ID Number:
GES Staff ID:	SSNIT Number:
Email:	Phone Number:
Name of Instituition:	Ghana Card Number:
PREVIOUS EMPLOYMENT & TRUSTEE DETAILS	
Name of Employer:	
Contact Person:	Phone Number:
Employment Start Date:	Employment Exit Date:
Name of Corporate Trustee:	Member ID:
Name of Scheme:	Contact:
Email address:	
CURRENT EMPLOYMENT & TRUSTEE DETAILS	
Name of Employer:	
Contact Person:	Phone Number:
Name of Corporate Trustee	Member ID:
Name of Scheme: Contact:	
Email address:	
DECLARATION	
I authorize the Trust Board to transfer my accrued benefits to my current Scheme indicated on this form. I certify that the instruction and	
information provided herein are true and correct and that neither the Board of Trustees, GESOPS Secretariat nor GLICo Pensions	
Trustee Ltd. will be held liable for any errors or omissions that result from the usage of the information for its intended purpose.  Namer of Applicant:	
Signature:	Date [DD/MM/YYYY]:
TO BE COMPLETED BY GES SUPERVISOR	
Name of Supervisor:	
Signature:	
ŭ	Official Stamp
Date: Day Month Year	о
FOR OFFICIA	AL USE ONLY
TO BE COMPLETED BY FUND ADMINISTRATOR (GLICo PENSIONS TRUSTEE LTD)	
Name of Receiving Officer:	
Signature:	
	Official Stamp
Date: Day Month Year	·

Website: www.gespensions.com.gh

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