

## BVICCHA Multi-Employer Pension Plan Enrolment Form

**(PLEASE COMPLETE IN BLOCK LETTERS)**

<b>Registration Number (PMI to assign)</b>					
<b>Name of Member Company:</b>					
<b>Address of Member Company</b>					
<b>Website URL:</b>					
<b>Date Business Incorporated/Established:</b>			<b>BVICCHA Member since:</b>		<b>Business/Trade License Number:</b>
<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>
<b>Type of Business</b>					
E.g. Tourism/Hospitality, Financial Services, Retail and Distribution, Self-Employed, etc.					
<b>Principal Officer (e.g. CEO, MD, GM, etc.)</b>					
<b>Surname:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Position:</b>		
<b>Telephone Number:</b>	<b>Mobile Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>		
<b>Key Contact Person</b>					
<b>Surname:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Position:</b>		
<b>Telephone Number:</b>	<b>Mobile Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>		

I hereby apply for registration as a Member of the BVICCHA Multi-Employer Pension Plan and I agree to be bound by the Rules of the Pension Plan and the terms of the Trust Deed via the Deed of Adherence.

I hereby approve to pay the registration fee of \$750.00, plus disbursement<sup>1</sup>.

The above authorization is to remain in full force and effect until cancelled or amended by me in writing in accordance with the Rules of the Pension Plan.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Disbursement refers to the expenses incurred through the printing of the Governance documents.