



GOVERNMENT OF BERMUDA
Ministry of Finance
Department of Social Insurance

CONTRIBUTORY PENSION FUND – REGISTRATION FORM
Contributory Pensions Act 1970

Account Name:	Document Checklist: ☐ Photo copy of Driver’s License ☐ Documentation for Owners/ Officers & Directors of Company ☐ Original or certified copies of Incorporation Certificates ☐ Memorandum of Association
Company Registered Office:	
Mailing Address:	
Street Address:	
Type of Business:	
Employer Type:	
☐ Government ☐ Sole Proprietor ☐ General Partnership	
☐ Non-Profit Organization ☐ Corporation ☐ Limited Liability Company	
Owner(s) of Company:	
Name of Partners: <i>If Applicable</i>	
Address of Partners: <i>If Applicable</i>	
Administrator / Contact Person for Account:	
Office Telephone No.	
Alternate Telephone No.	
Email Address:	
Start of Company/Business Date:	
Number of Employees (Submit Employee details overleaf)	
Health Insurance Provider & Policy No.	
Have you previously registered a Business or Company with the Department of Social Insurance? ☐ YES ☐ NO	
If yes, please provide the following information.	
Business or Company Name: _____	
Registration Date of Company: _____ Registration Number of Company: _____	
Contact Details for Business or Company: _____	
YOU MAY BE REQUIRED TO PROVIDE FURTHER INFORMATION UPON REQUEST.	

I / We certify that the information provided above is true to the best of my / our knowledge and belief.

Signature(s) of Authorized Person(s):

Print Name(s):

Date: _____

Is verification of registration required for Transport Control Department: ☐ YES ☐ NO

