



Mining Industry Pension Fund
"Cares for your future"

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MD1 FORM

1. NAME OF MINE/COMPANY _____

2. OWNER (S)NAME(S) _____

3. TYPE OF OWNERSHIP (tick appropriate)

☐

COMPANY

☐

PARTNERSHIP

☐

SOLE ENTREPRENEUR

☐

OTHER _____

4. MINING ACTIVITIES/TYPE OF BUSINESS (e.g. gold, copper, refining, supplier, service provider e.t.c)

5. PHYSICAL ADDRESS:

a. Mine _____

b. Office _____

6. POSTAL ADDRESS: _____

7. TELEPHONE NO. _____

8. EMAIL ADDRESS _____

9. No. OF EMPLOYEES (a) Permanent _____ b) Casuals _____

10. EFFECTIVE DATE OF REGISTRATION _____

11. CONTACT PERSONS FOR:

{a) MIPF CONTRIBUTIONS

NAME _____ TITLE _____

EMAIL ADDRESS _____ CONTACT TEL: _____

{b) RETIREMENTS AND WITHDRAWALS

NAME _____ TITLE _____

EMAIL ADDRESS _____ CONTACT TEL: _____

12. DETAILS OF MINE/ COMPANY OFFICIAL COMPLETING APPLICATION

NAME _____ DESIGNATION _____

EMAIL ADDRESS _____ CONTACT TEL: _____

SIGNATURE _____ DATE _____

Notes: Please attach the following:

1. Certificate of Incorporation,
2. CR6/CR14 with Director details
3. Director National IDs
4. Memorandum and Articles of Association
5. Tax Clearance

Employer Stamp

***FOR MIPF USE ONLY**

APPLICATION ☐ APPROVED ☐ REJECTED (tick appropriate)

SIGNATURE _____ DATE _____

NAME _____ DESIGNATION _____

MINE CODE

DESCRIPTION
