



NATIONAL PENSION SCHEME AUTHORITY

FORM NO. NPS42

eNAPSA SERVICES REGISTRATION FORM

INSTRUCTIONS

- I. Parts A, B and C of this form must be completed by the Head of Finance / Human Resources or an other equivalent officer.
- II. After this form is processed by NAPSA, the employee who the employer would have designated as Super User as per Part B below, will receive a text message from NAPSA advising them to log on to the eNAPSA portal on www.napsa.co.zm and complete the eNAPSA registration process.

PART A. EMPLOYER DETAILS

EMPLOYER ACCOUNT NAME _____

EMPLOYER ACCOUNT NUMBER

AREA _____

STREET NAME _____ PLOT NO. _____

CONTACT NUMBERS Landline: _____ Cell Phone _____

EMAIL ADDRESS _____

PART B. DETAILS OF SUPER USER

EMPLOYEE FULL NAMES _____

DESIGNATION _____

CONTACT NUMBERS Landline: _____ Cell Phone: _____

EMAIL ADDRESS _____

PART C. CONFIRMATION

I _____ NRC / PASSPORT No: _____ do hereby certify that details given above are true, correct and complete. I shall not hold NAPSA liable for any loss or damages that may occur due to incorrect information given herein.

SIGNATURE _____ DATE _____

OFFICIAL STAMP

PART D. OFFICIAL USE ONLY

REGISTERED / AMENDED BY _____ DATE _____

OFFICIAL STAMP