



MONTHLY REMITTANCE STATEMENT

Name of Scheme	METROPOLITAN OCCUPATIONAL PENSIONS SCHEME		
Type of Scheme	TIER TWO (2)		
Name of Participating Employer		Employers Address	
Employer registration Number		Telephone Number	

PAYMENT DETAILS

- Month/Year of Contribution :
- Total Number of Contributors :
- Total monthly Basic Salary :
- Total Monthly 5% Contribution :
- Payment Due Date :
- Pension fund Custodian :

NB: Please attach Monthly Contributions Report

DECLARATION BY PARTICIPATING EMPLOYER - - (A)
 I, the[State designation]
 of[Name of Employer] **certify that**
the contents of the Monthly Remittance Statement and Contributions Report are accurate.
 Signature: Official Stamp of Employer :
 Date of Submission:

FOR OFFICIAL USE ONLY - - (B.)
 Official Stamp (If Corporate Trustee) :
 Authorised Person :
 Signed : Date :