CERTIFICATE OF COMPLIANCE – PENSIONS ENROLLMENT FORM

NOTE: CERTIFICATE VALID FOR 6 MONTHS FROM DATE OF PPA OFFICIAL STAMP.
PLEASE REFER TO THE GUIDANCE NOTES ON THE BACK OF THIS FORM.

SECTION A: TO BE COMPLETED BY EMPLOYER

1. Employer / Business Name: _____

2. Contact Person: _____ Tel#: _____

3. Mobile #: _____ Email: _____

4. Please provide the Name(s) of your Pension Plan(s) registered pursuant to Sections 4 and 25 of the National Pensions Law.
[Note: Please refer to Employer Guidance Note (A)]

_____

5. What is your Employer Pension Registration Number(s) for each pension plan? _____

_____
[Note: Please refer to Employer Guidance Note (A)]

6. Are all pension contributions for all enrolled employees paid up-to-date? **Yes ☐** **No ☐**
If no, why not? _____

7. Below or attached is a list of employees of [INSERT NAME OF EMPLOYER] _____, including their names, dates of birth, nationalities, dates of commencement of employment, Immigration status, as well as the name(s) of the pension plan(s).

8. [INSERT EMPLOYEE LIST HERE OR ATTACH EMPLOYEE LIST TO THIS FORM (DLP 2 / FORM A)]

Employee Name	**Date of Birth**	**Nationality**	**Immigration Status** *(Caymanian, Permit Holder etc.)*	**Employment Start Date**	**Name of Pension Plan**

Employer Declaration:

I / We, _____, [INSERT EMPLOYER NAME HERE], certify that the above stated information provided is true and correct and confirm that I am / we are compliant with the National Pensions Law & Regulations. I / We declare that the above stated information provided is correct and to the best of my / our knowledge and belief. I am / We are aware that it is a criminal offence to make a statement or representation that is false in a material fact which I / we know to be false or do not believe to be true. I / We also confirm that upon signing this form, we have read and understood this declaration. [Note: Please refer to the Guidance Notes for the Employer in its entirety.]

_____ _____ _____
Print Name of Employer Authorised Signature Date dd/mm/yyyy

Please refer to Employer Guidance Note (B)

SECTION B: TO BE COMPLETED BY PENSION PLAN

1. When was the last pension contribution period paid? _____
Date dd/mm/yyyy

2. Are all pension contributions for all enrolled employees paid up-to-date? **Yes ☐** **No ☐**

Official Date Stamp of Approved Pension Plan

Pension Plan Declaration:

We, _____, [INSERT NAME OF PPA HERE], certify that the above stated information provided in Section A is in agreement with our Company's records, as at the time of this document being completed and signed by us. We also confirm that upon signing this form, we have read and understood this declaration. [Note: Please refer to the Guidance Notes for the Pension Plans in its entirety.]

_____ _____ _____
Print Name of Pension Plan Authorised Signature Date dd/mm/yyyy

Please refer to Pension Plan Guidance Note (B)

Please turn over to the next page

CERTIFICATE OF COMPLIANCE – PENSIONS ENROLLMENT

GUIDANCE NOTES FOR FORM DLP 2

If you have any questions relating to the Certificate of Compliance – Pensions Enrollment Programme, please contact the Department of Labour and Pensions at 945-8960 or email us at logsdlp@gov.ky.

GUIDANCE NOTES FOR THE EMPLOYER

To obtain a Pensions Certificate of Compliance, please ensure that you have completed the following:

A. Complete the Certificate of Compliance – Pensions Enrollment Form (DLP 2 / FORM A) in its entirety and present the completed form to your Pension Plan for review and signature. If you have more than one (1) pension plan, please complete a separate DLP 2 / FORM A for each pension plan.

B. Ensure that the Authorised Signatory(ies) of the Employer(s) represent(s) the Director(s), Shareholder(s) or Principal(s) of the Employer(s). IMPORTANT NOTICE: Under no circumstances should unauthorised persons sign the Certificate of Compliance – Pensions Enrollment Form (DLP 2 / FORM A).

C. Confirm that you have read, understood and signed the Employer Declaration in Section A.

D. Ensure that your Certificate of Compliance – Pensions Enrollment Form (DLP 2 / FORM A) has the signature and official date stamp of your approved Pension Plan(s) prior to submitting the same to the respective Government agency(ies).

E. If more than one (1) original copy of this form is required, please ensure that the Certificate of Compliance – Pensions Enrollment Form (DLP 2 / FORM A) is completed for each request as required.

GUIDANCE NOTES FOR THE PENSION PLAN

For every Employer completing a Certificate of Compliance - Pensions Enrollment Form, please review the following notes:

A. Section A of the Certificate of Compliance – Pensions Enrollment Form (DLP 2 / FORM A) ("Form") must be completed in its entirety by the employer.

B. Once satisfied, please sign and complete Section B of the Form.

C. Retain a copy of the signed Form for your records.

D. Provide the original Form to the Employer.

E. For each request to obtain a Certificate of Compliance – Pensions Enrollment, please ensure that each request is processed within 3 – 5 days. Should there be delays in processing each request, please communicate directly with the respective Employer.