



National Retirement Benefits Fund, Vaha'akolo Road, P.O Box 864, Nuku'alofa, KINGDOM OF TONGA.

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EMPLOYEE REGISTRATION FORM

1. Employee's Last Name

2. Employee's First Name

3. Member Number (Fund Only)

4. Other names (aka)

5. Maiden name (Female only)

6. Date of Birth

7. Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

8. Date of Appointment

9. Occupation

10. Home/Postal Address

<input type="text"/>
Home Phone:
Mobile Phone:

11. Previous Employer's Name

12. Employer's Reference Number (Fund Only)

13. Current Employer's Name

14. I declare that the information provided in this form is True and Correct to my knowledge.

Member's Signature:

This part be completed by Employer:

Witness Signature: _____

Witness Full Name: _____

Witness Designation: _____

Employer Address: _____

Date: _____

Notes and Instructions to Employee:

The purpose of this form is to enable us to Register you as Member of the Fund.

You are required to submit the following supporting documents:

- Copy of your Birth certificate or Passport or National ID or Driver;s License.

Employer/Company Stamp

OFFICIAL USE ONLY

1. Checked by:	<input type="text"/>
2. Approved by:	<input type="text"/>
3. Registered by:	<input type="text"/>
4. Verified by:	<input type="text"/>