



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

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CHANGE OF EMPLOYER FORM

1. Member Number

2. Employee's Last Name

3. Employee's First Name

4. Date of Birth

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5. Gender

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

6. Date of Appointment

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7. Occupation

8. Previous Employer's Name

9. Home/Postal Address

Home Phone:

Mobile Phone:

10. Current Employer's Name

This part be completed by current employer:

This form must be signed by the authorised person responsible for updating employee retirement fund records.

Signature: _____

Full Name: _____

Designation: _____

Employer Address: _____

Date: _____

Notes and Instructions to Employee:

The purpose of this form is to enable us to update the member's current employer.

Employer/Company Stamp

OFFICIAL USE ONLY

1. Checked by:	
2. Approved by:	
3. Updated by:	
4. Verified by:	