



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

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VOLUNTARY CONTRIBUTOR REGISTRATION FORM

1. Applicant's Last Name

2. Applicant's First Name

3. Member Number (Fund Use Only)

4. Date of Birth

5. Gender

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

6. Occupation

7. Home/Postal Address

<input type="text"/>	Home Phone: <input type="text"/>
<input type="text"/>	Mobile No: <input type="text"/>
<input type="text"/>	Email Address: <input type="text"/>

8. Applicant's Identification

Passport No.	<input type="text"/>
National ID No.	<input type="text"/>
TIN No.	<input type="text"/>

9. Contribution Amount

Mode	Weekly / Fortnightly / Monthly (Circle One)
Amount (\$)	<input type="text"/>

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

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Witness Full Name: _____

11. Approved by: _____

Chief Executive Officer

Notes and Instructions to Applicant:

The purpose of this form is to enable the Fund to Register Voluntary Contributors as Member of the Fund.

Voluntary Contributor is required to submit the following supporting documents:

- A copy of your Birth certificate or Passport or Driver's license.

You will be allocated with a reference number as "Member Number" and issued with a Certificate confirming your registration with the Fund.

OFFICIAL USE ONLY

Processed by:

Verified by: