



**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. Date of Birth

5. Gender

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

6. Date of Appointment

7. Occupation

8. Home/Postal Address

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

9. Employee Identification

Employment No.
National ID No.
TIN No.

Email Address:

10. Previous Employer's Name

11. Employer's Reference Number (Fund Only)

12. Current Employer's Name

13. 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: \_\_\_\_\_

Employer/Company Stamp

**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 Driver's License.

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

**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"/>