



National Retirement Benefits Fund, Vaha'akolo Road,

P.O Box 864, Nuku'alofa, KINGDOM OF TONGA.

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EMPLOYER REGISTRATION FORM

1. Name of Employer

2. Employer Number (Fund Use Only)

3. Address of Employer

Phone

Fax

Mobile:
Email

4. Employer's Business or Trade Name

5. Employer's Business License No.

6. Total No. of Employees

7. Employer's TIN No.

8. Business Type (Private/Church/Statutory Board)

9. Business Activity (Financial Services/Trading/etc)

10. Commencement Date of Business

11. Full Name of Owner of Business or Principal Partner; Secretary; Managing Director, Accountant; Signing the form on behalf of the Employer.

Home Address

12. I hereby certify the above to be True and Correct

Signature: _____ Designation: _____

Date: _____

Notes and Instructions to Employer:

The purpose of this form is to enable us to Register you or your Business with the Fund.

You are required to submit the following supporting documents relating to your business:

- A copy of the current business license or certificate of incorporation; and
- A copy of Proprietor Birth Certificate or Driver's license or Passport.

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

OFFICIAL USE ONLY	
1. Checked by:	
2. Approved by:	
3. Registered by:	
4. Verified by:	