



National Retirement Benefits Fund, Vaha'akolo Road, P.O Box 864, Nuku'alofa, KINGDOM OF TONGA.
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EMPLOYER APPLICATION FORM FOR EXEMPTION AS COMPLYING SCHEME

1. Name of Retirement Benefit Scheme

2. Name of Employer

3. Employer Number (Fund Use Only)

4. Address of Employer

Phone

Mobile:

Fax

Email

5. Commencement Date of Retirement Benefit Scheme

6. Total Number of Members

7. Contributions Rates (% or \$)

Employer:	<input type="text"/>
Employees:	<input type="text"/>
Voluntary:	<input type="text"/>

8. Total Number of Directors

Employer:	<input type="text"/>
Employees:	<input type="text"/>

9. Date of Application

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

Name of Signatory

Signature: _____ Designation: _____

Date: _____

Notes and Instructions to Employer:

The Employer is also requested to submit a copy of the followings:

1. The Retirement Fund Scheme Annual Report together with audited financial statements and investment reports for the most recent financial year;
2. The Financial Report to show the Scheme's employer and employees contributions on 1st December 2011; and
3. The Employer's Retirement Fund Scheme Policy/Trust Deed.