

# EMPLOYER WEBSITE REGISTRATION / AMENDMENT FORM

## SECTION A: EMPLOYER DETAILS

This form is to be submitted with the following:

- |  |                          |                           |                      |
|--|--------------------------|---------------------------|----------------------|
| 1. Employer Letter to FNPf                               | <input type="checkbox"/> | FNPf Employer No:         | <input type="text"/> |
| 2. Employer Authorized Officer's Name                    | <input type="checkbox"/> | Employer TIN:             | <input type="text"/> |
| 3. Employer Authorized Officer's FNPf No.                | <input type="checkbox"/> | Business Registration No. | <input type="text"/> |
| 4. Employer Authorized Officer's FNPf Card               | <input type="checkbox"/> |                           |                      |
| 5. Employer Authorized Officer's FRCA/FNPf Joint ID card | <input type="checkbox"/> |                           |                      |

Business Name	Trading Name as Registered with FNPf	Name and Street Address of Business / Employer	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal Address (if different to the one above)	Office Phone Number:	Mobile Number:	Facsimile Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION B: EMAIL DETAILS FOR REGISTRATION

Type of Website registration (*please tick one*)

- New
  Amend
  Cancel

Email Address:  Reason for Amendment/Cancellation

## SECTION C: DECLARATION

I hereby indemnify the FNPf Board from any liability whatsoever, including the loss of privileged information accessed from www.myfnpf.com.fj. I understand that I am responsible for the confidentiality of the information sent to and received from the Website. I agree that I am bound by the Terms & Conditions pertaining to the FNPf Website. I declare that the information provided is correct.

Signature of Organisation Director/

Authorised Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Organisation Stamp: \_\_\_\_\_

## SECTION D: FOR OFFICIAL USE ONLY

### Verification Checklist

- Employer Details confirmed  
 Employer Authorized Officer signature verified  
 Photo ID of Employer Authorized Officer verified

### Verification Officer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Data Input Checklist

- Input Data confirmed  
 Website Email Registration message sent

### Registration Officer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Vetting Officer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TERMS AND CONDITIONS

### SERVICE DESCRIPTION

The Website will enable the Employer to:

- a)** Download its Contribution schedule electronically every month;  
**b)** Update and upload its Contribution Schedule for payment.

### USE OF SERVICE

The Employer is solely responsible for all security of its employee/member Contribution information provided and the use of this service, including but not limited to the following:

- a)** Register only its own generic business email address for the service. This email may be accessible by certain permitted employees as may be designated by the employer from time to time.  
**b)** Exert reasonable efforts to maintain the confidentiality of information provided or accessed.

**c)** Any information captured and signed for by the Employer representative binds the Employer concerned for any misconduct of its representative. FNPf is thus fully protected from any Legal liability as a result.

**d)** A username and password will be issued upon an employer successfully registering for online access to its employee Contribution information. The employer will be expected to exert reasonable efforts to maintain confidentiality of all of its employee information.

**e)** Promptly notify the Fund in writing or via the website or in person, if the employer's email address and/or password have been forgotten. FNPf will reset the employer's username to its email address (unless advised of a change of this registered email address needing to be amended, which will therefore have to be addressed first) and/or have the employer representative to reset the employer password by accessing FNPf's website via a link that will be sent to the employer's email address.

**f)** FNPf's obligation with respect to an employer's username and/or password being forgotten is to suspend disseminating the employer's contribution information unless the username is being activated again by the employer.