# FNPF 1

3. DATE WAGES FIRST PAID/ PAYABLE TO EMPLOYEES:

### FIJI NATIONAL PROVIDENT FUND



REGISTRATIO	N OF EMPLOYER	DATE:  EMPLOYER REF:	FOR OFFICE USE ONLY	
SECTION 1—EMPLOYER DETAILS				
1. EMPLOYER NAME:				
2. TIN:		3. REG NO:		
4. REG DATE: / / / / / 5. TRADE NAME: (IF DIFFERENT FROM ABOVE)				
6. BUSINESS LICENSE NO: 7. COMMENCEMENT DATE:				
8. TYPES OF BUSINESS:	SOLE PROPRIETOR OTHERS	PARTNERSHIP	LIMITED COMPANY	
9. NATURE OF BUSINESS:				
SECTION 2—COMMUNICATION DETAILS				
1. BUSINESS LOCATION:				
2. POSTAL ADDRESS:				
3. OTHER BRANCHES:				
4. E-MAIL ADDRESS:				
5. PHONE CONTACT:	(LANDLINE) (MOBILE)			
	(FAX)			
SECTION 3—EMPLOYEE DETAILS				
1. TOTAL NO. OF EMPLOYEES  2. NO. OF EMPLOYEES NOT REGISTERED WITH FNPF				

# SECTION 4— DETAILS OF PRIMARY AND CS CONTACT PRIMARY CONTACT 1. FNPF NO: 2. TIN NO: 3. NAME (As per Birth Certificate): 4. FATHER'S NAME: 5. DATE OF BIRTH:(DD/MM/YYYY) 6. BIRTH REG NO: 7. GENDER: MALE **FEMALE** 8. DESIGNATION/POSITION: 9. E-MAIL ADDRESS: (WORK): 10. PHONE CONTACT: (MOBILE): (FAX): CS CONTACT NO. 1 1. FNPF NO: 2. TIN NO: 3. NAME (As per Birth Certificate): 4. FATHER'S NAME: 5. DATE OF BIRTH:(DD/MM/YYYY) 6. BIRTH REG NO: FEMALE 8. DESIGNATION/POSITION: 7. GENDER: MALE 9. E-MAIL ADDRESS: 10. PHONE CONTACT: (MOBILE): (WORK): (FAX): CS CONTACT NO. 2 (If applicable) 1. FNPF NO: 2. TIN NO: 3. NAME (As per Birth Certificate): 4. FATHER'S NAME: 5. DATE OF BIRTH:(DD/MM/YYYY) 6. BIRTH REG NO:

8. DESIGNATION/POSITION:

(WORK):

**FEMALE** 

MALE

(FAX):

7. GENDER:

9. E-MAIL ADDRESS:

10. PHONE CONTACT: (MOBILE):

## **DIRECTOR DETAIL NO. 1:** 1. FNPF NO: 2. TIN NO: 3. NAME (As per Birth Certificate): 4. FATHER'S NAME: 6. BIRTH REG NO: 5. DATE OF BIRTH:(DD/MM/YYYY) **FEMALE** 8. PASSPORT NO: 7. GENDER: **MALE** 9. E-MAIL ADDRESS: 10. HOME ADDRESS: 11. PHONE CONTACT: (MOBILE): (WORK): (FAX): 12. POSTAL ADDRESS **DIRECTOR DETAIL NO. 2:** 1. FNPF NO: 2. TIN NO: 3. NAME (As per Birth Certificate): 4. FATHER'S NAME: 5. DATE OF BIRTH:(DD/MM/YYYY) 7. GENDER: 6. BIRTH REG NO: MALE **FEMALE** 8. PASSPORT NO: 9. E-MAIL ADDRESS: 10. HOME ADDRESS: 11. PHONE CONTACT: (MOBILE): (WORK): (FAX): 12. POSTAL ADDRESS **SECTION 6 DECLARATION** I hereby certify the information on this form to be true and correct (Owner of Business / Principal Partner / Director / Financial Controller) NAME: COMPANY STAMP: **DESIGNATION:** SIGNATURE: DATE: FOR OFFICE USE ONLY FNPF REGISTRATION CLERK: **REGISTRATION DATE:** VERIFIED TL: FILING DATE:

SECTION 5-DETAILS OF BUSINESS OWNERS/DIRECTORS/ SHAREHOLDERS

### **EXPLANATORY NOTES ON THE COMPLETION OF THIS FORM**

### Section 1 **Employer Details**

All details provided on this form must be as per the Registration Certificate from the Registrar of Companies.

#### Section 2 **Communication Details**

Branches refers to the location of other branches of this organisation.

#### Section 3 **Employee Details**

This section confirms the number of employees that have yet to be registered. It is your responsibility as an employer to ensure that all employees are registered with the Fund.

### Section 4 Details of Business Owners/Directors/Shareholders/ Partners.

You must outline details of the Directors/Partners of the business.

The following documents are required to be submited for registration of employer:

SOLE PROPRIETOR	Certified copy of Business Registration Certificate Certified copy of Proprietor's Passport/ Driver's License Certified true copy of Proprietor's Birth Certificate (post 2000 version Local Owner) Certified copy of Valid Business License Certified copy of Joint ID card One copy of Proprietor's Utility Bill, showing residential address
PARTNERSHIP	Certified copy of Registration Certificate Certified copy of Principal Partners Passport/ Driver's License Certified true copy of Principal Partners Birth Certificate (post 2000 version Local Partners) Certified copy of Valid Business License Certified copy of Partners Joint ID card One copy of Principal Partners Utility Bill, showing residential Certified copy of Partnership Agreement Certified copy of TIN Letter
LIMITED LIABILITY COMPANIES	<ul> <li>Certified copy of Director's Passport/ Driver's License</li> <li>Certified true copy of Director's Birth Certificate (post 2000 version Local Directors)</li> <li>Certified copy of Valid Business License</li> <li>Certified copy of Directors Joint ID card</li> <li>One copy of Director's Utility Bill, showing residential address</li> <li>Certified copy of Article of Association.</li> <li>Certified particulars of Shareholding in the company</li> <li>Certified copy of TIN Letter</li> </ul>
OTHERS (NON-PROFIT ORGANIZATION / CHURCHES/ CLUBS/ NGO'S/ SCHOOLS/ GOVERNMENT MINISTRIES)	Certified copy of Business Registration Certificate (where applicable) Certified copy of Authorized Officer's Passport and/or Driver's License Certified copy of Income Tax/ VAT Registration Certified copy of latest Annual General Meeting Minutes(where applicable) Certified copy of Authorized Officers Joint ID Card One copy of Authorized Officers Utility Bill, showing residential address Certified copy of TIN Letter

Nausori Branch Lot 1, Main Street, Nausori Telephone: (679) 667 0009 Telephone: (679) 323 8030,