

Ensure this application is checked diligently against all checking controls to ensure passage of only clean applications.

Section 1: Employer Details

Employer Name:

Section 2: Document Assessment

Checking Control	Response	
Is the completed Employer Registration Form attached?	Yes	No
Is the IPA Extract attached?	Yes	No
Is the IPA Certificate attached?	Yes	No
Is the authorizing Director listed in the IPA Extract?	Yes	No
Is the full Payroll Listing specifying staff Gross Salary attached?	Yes	No

Check the following four (4) controls ONLY if the Employer has less than 15 employees

Is the compulsory qualifying criteria completed?	Yes	No
Is the supporting registration letter attached?	Yes	No

Section 3: Certification

In certifying the above checks, I authorize the assigning of this employer in respect of the following:

Account Manager:

Phone:

Email:

New Business Officer:

Date:

Signature:

Section 1: Background

From 1-9, select the appropriate answer in stating whether entity is:

1. A PNG incorporated company	Yes	No
2. A foreign company incorporated in PNG	Yes	No
3. A registered business name	Yes	No
4. An incorporated business group	Yes	No
5. A statutory body incorporated under the Act of Parliament	Yes	No
6. An association incorporated under the Associations Incorporations Act	Yes	No
7. A Government Department, Authority or Instrumentality of the State	Yes	No
8. A Provincial Government Body	Yes	No
9. Any other public body or institution (provide details below if yes)	Yes	No

10. An entity employing a workforce below the minimum legal threshold (15 or whichever as prescribed by the Act) must complete these qualifying criteria to attain the compulsory Employer Status.

What is the main source of your business revenue? (also provide previous year's Tax Return)

As a business, are you seriously committed to sustaining the consistent remittance of the employer portion (8.4% or whichever is prescribed in the Act)?

Considering the long-term legal business obligation, clearly state the guaranteed sustainability of your business.

In understanding our position as a Compulsory Employer, I declare that the above responses are true and that as a business fully aware of its legal obligations, will comply with the Superannuation (General Provisions) Act 2000 including remittance of the Employer Portion (8.4% or whichever is prescribed in the Act) and the Superannuation Regulations 2002 policies and procedures.

Directory/Secretary:

Date (dd/mm/yyyy):

Common seal:

Section 2: Entity Details

11. State the current name of the organization or entity. If registered business name, name of entity/person trading under the business name

12. State full details of the physical locations/branches from which the business is conducted

A. Details of the Registered Office

Allotment:	Province:
Section:	Phone:
Street:	Fax:
PO Box:	Email:
PO Office Location:	

B. Operations of the business

Allotment:	Province:
Section:	Phone:
Street:	Fax:
PO Box:	Email:
PO Office Location:	

13. What is the nature of the business?

14. Total number of employees (inclusive of expatriates, casual employed for 3 months or more and those employed in other branches if any)

15. State the type of Payroll System used by the Business Entity

16. Details of Incorporated Entity Lawyers (if any)

Name:	Address:
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17. Details of Incorporated Entity Accountants and/or Auditors (if any)

Name:	Address:
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Section 2: Entity Details (continued)

1. Holding Company

Ultimate Holding Company (Name)

Registered number

Place of incorporation

2. Subsidiary Company(ies). Names of Subsidiary Companies:

19. Name of the Payroll or designated Officer(s) dealing with Nasfund Contributions. Please advise Nasfund immediately a week in advance if this information will change.

Contact Person 1:

Name:

Designation:

Telephone:

Mobile:

Email:

Facisimile:

Contact Person 2:

Name:

Designation:

Telephone:

Mobile:

Email:

Facisimile:

20. Name and signature of HR designated officer(s) responsible for member forms endorsement. Please advise Nasfund immediately a week in advance if this information will change.

Name of Authorized officer 1:

Designation:

Name of Authorized officer 2:

Designation:

Name of Authorized officer 3:

Designation:

Signature:

Signature:

Signature:

Section 2: Entity Details (continued)

21. Specimen of authorized employer stamp to be used on all member forms.

Affixed Stamp:

Section 3: Entity Declaration

I, _____ hereby authorise

The officers referred to in Section 2 Part 19 above to facilitate contribution payments and schedules, and
 The officers referred to in Section 2 Part 30 and the officer(s), whose official stamp referred is affixed in Section 2 Part 21,
 to verify and endorse current staff member update forms and maintenance requests, and claim forms for former staff, to Nasfund.
 I swear that I am authorized to complete this form on behalf of the contributing entity named herein, and all the information provided
 in this form is true and correct in every particular.
 I have not made any false or fraudulent statements and have fully disclosed all information required by this registration form.

The Common Seal of:

Affixed Stamp:

We here unto affixed by a resolution of its Board of Directors _____ Director/Secretary

Date (dd/mm/yyyy): _____ Lodged by: _____

Important: This form must be completed and submitted to National Superannuation Fund Limited, P.O Box 5791, Boroko, National Capital District, by an employer within 15 days of first becoming liable to register as a contributing employer under the Superannuation (General Provision) Act 2000.

Official Use:

Sales Representative: _____ Date: _____