nasfund

New Employer Online User Form

New: ☐ Termination: ☐

Section 1: Employer Details

Employer Code:

Business Name:

Postal Address:

Telephone.:

Section 2: Employer Online User Access

In the fields below, please nominate the Key Contact Person (must be an authorised Human Resource Personnel) who will be responsible for loading member contributions and adding new employee details on the Employer Portal:

Given Name:

Surname:

Job Title:

Telephone.:

Mobile Number:

Email Address:

Section 3: Nominated Employer Online User Agreement (to be completed by nominated user)

I, _____ certify that all the information completed in the above section is true and correct in every particular.

Signature of User: _____ Dated:

Section 4: Employer Authorisation

I, _____ (name of Endorsing Manager), _____ (Job Title) hereby authorise access to the Employer Online Portal for the above nominated user.

Authorised Signature: _____ Dated:

Once Complete, send to online@nasfund.com.pg

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