

Employer's No. _____ National Provident Fund Employee's Registration for Membership National Provident Fund No. _____

Surname (Block Capitals) _____ First Name (Block Capitals) _____

Other Names (Block Capitals) _____

Gender Date of Birth Nationality _____

Employee's Contact Address (Block Capitals) _____

Place of Birth (Village/Town/Island) _____ Province of Origin _____

Occupation _____ Previous Employer _____

Have you previously been registered? If so give name of employer who registered you and the date registered.

Fathers Full Name _____

Employees Left
Thumb Impression

DECLARATION
I declare that the information given in this form is true.

Employees Signature
Signature of Witness to
Thumb print/Signature

Designation of Witness Date _____
(Employer, Employers Representative or Office of the NPF)

Employees
ID Photo