



NEW EMPLOYER REGISTRATION



On completion of the certification by the head of employing department / Authority or company, this form must be submitted to the address at the bottom end of this form. Please complete form in CLEAR BLOCK Letters.

Section 1: Employer Details

Employer Name:

Office Location: **Section:** **Allotment:** **Street Name:**

Postal Address: **P O Box:**

Main Switch Phone:

General Work Email:

Please attach the following to complete the registration process:

- IPA Registration Certificate
- IRC TIN Certificate

Date: DD / MM / YYYY

PROJECTED STAFF LEVEL

	NATIONAL	EXPATRIATE	TOTAL
PERMANENT	<input type="text"/>	<input type="text"/>	<input type="text"/>
CASUAL/ANCILLARY	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTRACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total:		<input type="text"/>

Section 2: Management Details

MANAGING DIRECTOR/HOD/CEO:

Name:

Position:

Tick box to be an Authorised Superannuation Fund Signatory

Date: DD / MM / YYYY

Signature:

AS/MANAGER ADMIN&HR/ HR ADVISOR:

Name:

Position:

Tick box to be an Authorised Superannuation Fund Signatory

Date: DD / MM / YYYY

Signature:

OIC/SENIOR OFFICER PAYROLL/ACCOUNTS CLERK:

Name:

Position:

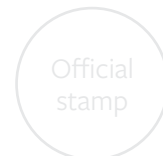
Tick box to be an Authorised Superannuation Fund Signatory

Date: DD / MM / YYYY

Signature:

Section 3: Office Use Only

Employer Code:



PLEASE RETURN FORM TO

Email marketing@nambawansuper.com.pg | Free call 180 1599 | Attention Business Development Officers
Nambawan Super Limited, 1st Floor, Deloitte Haus, MacGregor Street, PO Box 483, Port Moresby, Papua New Guinea.