



VANUATU NATIONAL PROVIDENT FUND

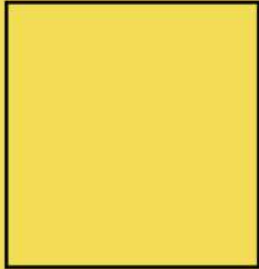
REGULAR MEMBER REGISTRATION FORM

I - MEMBER INFORMATION

1. First Name: <input style="width: 90%;" type="text"/>	2. Middle Name: <input style="width: 90%;" type="text"/>	3. Last Name: <input style="width: 90%;" type="text"/>
4. Date of Birth: <input style="width: 90%;" type="text"/> (DD/MM/YYYY)	5. Marital Status: <input style="width: 90%;" type="text"/> S M D W	6. Sex: <input style="width: 90%;" type="text"/> F M
7. Nationality: <input style="width: 90%;" type="text"/>	8. Communication Language: English Français Bislama	9. Language Spoken at Home: English Français Bislama

10. Write any ID Number of your choice from the list below:
 Birth Registration Number:
 National ID Number:
 Passport Number:

11. Fill the space below with the right name:
 Father's Name:
 Mother's Name:
 Guardian's Name:



II - MEMBER CONTACT INFORMATION

12. Mobile Number: <input style="width: 90%;" type="text"/>	13. Home Number: <input style="width: 90%;" type="text"/>	14. Office Number: <input style="width: 90%;" type="text"/>	15. Email ID: <input style="width: 90%;" type="text"/>
16. Alternate Contact Number: <input style="width: 90%;" type="text"/>	17. Alternate Person Name: <input style="width: 90%;" type="text"/>	18. Alternate Email ID: <input style="width: 90%;" type="text"/>	

III - MEMBER ADDRESS

19. Home Island: <input style="width: 90%;" type="text"/>	20. Home Location: <input style="width: 90%;" type="text"/>	21. Residing at (<i>circle</i>): - Own House - Relative & Others - Rent - Employer Provided
22. Residing Address: <input style="width: 90%;" type="text"/>	23. Home Address: Same as Residing Address <input type="checkbox"/>	If unchecked, please provide the address:

IV - EDUCATION LEVEL

24. Highest Education Level Completed: School / College / University	Education Level	Completion Date	Country
.....
.....
.....
.....

V - NOMINATION OF BENEFICIARIES

I, VNPf # hereby authorise you to institute the following persons as my beneficiaries. I also authorise as the legal guardian to all my beneficiaries / nominees under 18 years old.

Name of Nominee	How Related?	Date of Birth	Birth Certificate Reference Number	Share %
.....
.....
.....
			Total share equal to:	100%

Person to nominate as the legal guardian:
 Husband Wife Father Mother Brother Sister Other (Please specify):

VI - LIST OF ADDRESS

Local:	Foreigner:	Member application address ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Type:	<input type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Contract	
Country:	Location - Country:	Island - District:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 1:	Line 2:	Postal - Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Municipality - City:	Effective Date:	
<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>	

VII - BANKING INFORMATION

Bank Name:	Branch Name:	Account Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type:	Swift Number:	Start Date:
<input type="text"/>	<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>
End Date:	Address:	
<input type="text" value="(DD/MM/YYYY)"/>	
	
	

VIII - EMPLOYER INFORMATION

Employer Name:	Employer Number (Provided by VNPF):	Branch Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Fortnight <input type="radio"/> Daily <input type="radio"/> Biweekly	
Gross Salary:	Employer Agreed Contribution Percentage:	Occupation (Refer to the list attached with this form):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Type:	<input type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Contract	
Working Type:	<input type="radio"/> Part Time <input type="radio"/> Full Time	
Employment Start Date:		
<input type="text" value="(DD/MM/YYYY)"/>		

IX - OTHER DETAILS

I aknowledge that the information provided by me is correct and true to the best of my knowledge

Filled By:	Filled On:
<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>
Position in Business:	Member Signature:
<input type="text"/>	<input type="text"/>
Authoriser Signature:	Authoriser Name:
<input type="text"/>	<input type="text"/>
Company Seal:	
<input type="text"/>	