



EMPLOYER REGISTRATION FORM

Please read the Employers Handbook and complete this form carefully and return form to Cook Islands National Superannuation Fund, Po Box 3076, Rarotonga , Cook Islands or Email enquiry@superfund.gov.ck
Please write in blue or black pen only

SECTION 1. EMPLOYER DETAILS

Employer RMD Number

Company

Sole Trader

Partnership

Estate/Trust

Club/Societies/Charity/Other Organizations

1. Registered name (Print your full name of the Company, Sole Trader, Partnership, Estate,/Trust, Club,Societies,Charity or other organizations)

2. Trading name (If the trading name is different from the name shown above, print here)

3. Employer Address (Postal Box)

4. Residential Address (Postal Box)

5. Nature of Business/Trade

6. Telephone

7. Email Address

Business

Mobile

8. **Total Present Number of Employees**

2. Required Documentation

Please attach one of the following documents as identification with your completed Employer Registration Form.

Certificate of incorporation
for companies

Memorandum and Articles
of Association

Resolution Letter

Trust Deed

Sole Trader/Partnership – If not a registered
company obtain valid identification of owner(s)

Club/Societies/Charity and other organisation - Obtain copy
of the minute(s) of the Officer Bearers for the current period
with valid identification.

3. Contact Person

“Contact Person” is a person who is designated for giving information or being a representative for an organisation and may not be a necessary signatory to the type of business/trade.

Name Email

Title Signature

Name Email

Title Signature

Name Email

Title Signature

4. Employer Declarations - To be completed by Director/Owner/Partnership (Provide valid identification)

I/we hereby

- i. Apply to register as a registered employer under the CINSF Act 2000 and CINSF Trust Deed constituting the Fund.
- ii. Authorise the Board and Trustee to collect information that is relevant administering the Fund.
- iii. Authorise the Board and the Trustee, the Administrator Manager of the Fund, any professional advisor for the purpose of administering the Fund.
- iv. I declare that the above information given in this form is true and correct.

Name Position

Address Email

Contact Signature

Name Position

Address Email

Contact Signature

In order for your application to be complete you must ensure that CINSF has the documentation outlined in section 2 and 4.

Once you have submitted your form immediately email your documentation to enquiry@superfund.gov.ck

CINSF Office Use Only

Checked by:			
<input type="checkbox"/>	Check that all fields on form are complete before accepting this Registration Form		
<input type="checkbox"/>	Register employer on Te Roro		
<input type="checkbox"/>	Scan document on Te Roro		
Manager to Verify for approval:		Date	dd / mm /yyyy
<input type="checkbox"/>	Create list for CODA file		