



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,Socities,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

Business

Mobile

7. Email Address

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.

Email: enquiry@superfund.gov.ck Phone: +682 25515 PO Box 3076, Avarua Rarotonga, Cook Islands

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	<input type="text"/>	Email	<input type="text"/>
Title	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Title	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Title	<input type="text"/>	Signature	<input type="text"/>

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	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Contact	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Contact	<input type="text"/>	Signature	<input type="text"/>

CINSF Office Use Only

Checked by:	<input type="text"/>		
<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 / VAULT		
<input type="checkbox"/>	Submit to Manager for Approval	Date	dd / mm /yyyy
Manager to signed off for approval:		Date	dd / mm /yyyy
<input type="checkbox"/>	Create a CODA file	Date	dd / mm /yyyy