

EMPLOYER REGISTRATION FORM

COOK ISLANDS NATIONAL SUPERANNUATION FUND



SECTION 1: Employer Details

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

Employer RMD Number

Please tick appropriate box:

☐ Company ☐ Sole Trader ☐ Partnership ☐ Estate/Trust ☐ Club/Societies/Charity/Other Organizations

Employer Code (Code to be provided by CINSF Office)

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

4. Nature of Business/trade: _____

5. Telephone: _____

6. Facsimile: _____

7. Email Address: _____

8. Mobile: _____

8. Total Present Number of Employees:

SECTION 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

SECTION 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.

a) Print Name: _____

Signature: _____

Title: _____

b) Print Name: _____

Signature: _____

Title: _____

Section: 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.

FULL NAME Address:	POSITION Contact:	SPECIMEN SIGNATURE Email:
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FULL NAME Address:	POSITION Contact:	SPECIMEN SIGNATURE Email:

CINSF Office Use Only

<input type="radio"/>	Confirm all fields on form are completed before accepting this Registration Form.		
<input type="radio"/>	Process through employer registration and provide EMPLOYER CODE.		
<input type="radio"/>	Register employer on TRACKER.		
<input type="radio"/>	Print Employer CERTIFICATE, CONFIRMATION Letter and attach a copy to the Trust Deed and CINSF Act.		
Received by:		Date	dd / mm /yyyy
Manager to Verify for approval:		Date	dd / mm /yyyy
Client Service Officer to scan complete document on Tracker			
<input type="radio"/>	Tracker Note	Date	dd / mm /yyyy
<input type="radio"/>	Scan document to Tracker		
<input type="radio"/>	File document		
Completed by:		Date	dd / mm /yyyy