



NATIONAL SUPERANNUATION FUND LIMITED

Form SF 3

EMPLOYER'S REGISTRATION FORM

IMPORTANT: This form must be completed and submitted to: *The Chief Executive Officer, National Superannuation Fund Limited, P O Box 5791, Boroko, National Capital District* by an employer within fifteen (15) days of first becoming liable to register as a contributing employer under the *Superannuation (General Provisions) Act 2000*.

Before completing this form, please read the note overleaf.

PART A: - CONTRIBUTING ENTRY

state whether the entity:

Yes No

1. *is a PNG incorporated company; or*

.....

2. *is a foreign company incorporated in PNG*

.....

3. *is a registered business name; or*

.....

4. *is an incorporated business group; or*

.....

5. *is a statutory body incorporated under an Act of Parliament; or*

.....

6. *is an association incorporated under the Associations Incorporations Act; or*

.....

7. *is a Government Department, Authority or Instrumentality of the State; or*

.....

8. *is a Provincial Government Body; or*

.....

9. *is any other public body or institution. Please provide details: -*

.....

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PART B:- DETAILS OF COMPANIES & ASSOCIATIONS

10. NAME OF ENTITY

State the former name, if any, and the current name of the organisation or body.

Former name, (if any):

.....

Current name:

.....

11. DETAILS OF INCORPORATED ENTITY

a) *Company registered number:*

b) *Date of incorporation under Company's Act of 1997:*

c) *If foreign incorporated entity, state Investment Promotion Act (IPA) registration number and date of certification*

No.:

Date of Certification:

12. DETAILS OF REGISTERED OFFICE

State full details of the registered office of the incorporated entity.

AllotmentSectionStreet Name.....

P O Box Town where post office located:.....

Province: Phone No.:

Email address.: Fax No.:

13. OPERATIONS OF BUSINESS

State full details of the place or places from which business is carried on.

AllotmentSectionStreet Name.....

P O Box Town where post office located:.....

Province: Phone No.:

Email address.: Fax No.:

14. State full details of the directors and other officers of the incorporated entity.

Directors
(Name)

Address
(Postal Address)

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.....
.....
.....
.....

Secretary

.....

Name of Payroll Officer or Officer dealing with NASFUND matters

.....

If business name(s), please provide the names and addresses of the proprietors.

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15. What is the nature of the business carried on by the incorporated entity?

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16. Date of commencement of carrying on business in Papua New Guinea.

17. Total number of persons employed (inclusive of expatriate personnel) including those employed in any branch or department. Please attach copy of payroll schedule.

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18. DETAILS OF HOLDING AND SUBSIDIARY COMPANIES

(1) Holding Company:

a. Name of Ultimate Holding Company:.....

b. Registered number:.....

c. Place of incorporation:.....

(2) Subsidiary Company:

a. Names of Subsidiary Companies:.....

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24. Name and address of owners, occupiers, managing agents, directors, partners, managers, or other persons in charge of and responsible for the conduct of the business. Please specify the position held by those persons.

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PART C: EMPLOYER'S DECLARATION

I,, swear that I am authorised to complete this form on behalf of the contributing entity named herein, and all the information provided in this form is true and correct in every particular and I have not made any false or fraudulent statements or concealed any information required by this registration form.

Date:

THE COMMON SEAL OF)
)
)
.....)
was hereunto affixed by a)
resolution of it's Board of Directors:)

.....
Director

.....
Secretary / Director

INSTRUCTIONS FOR COMPLETING FORM SF3

1. *Before attempting to complete this form please read carefully the attached leaflet titled **“Registration Procedures”**.*
2. *Please print **"NO"**, **"NIL"** or **"NOT APPLICABLE"**, in block letters where appropriate and answer all questions.*
3. *When completing Questions 17, 18 and 19, employees at other establishments should be included if they are paid from the business address quoted in reply to Question 12, if the entity wishes to centralize payments to the Fund. Where employees are paid from other establishments which will be responsible for remitting contributions direct to the Fund, those establishments may be registered separately for this purpose and Questions 22 and 23 should be completed accordingly. Should there not be sufficient space to list all your establishments in reply to Questions 19 and 22, please set them out on a separate sheet of paper and attach it to this form.*
4. *As the entries made against Questions 17 and 22 will form the basis for the issue of forms, which will be used in the registration of employees, accurate figures are requested.*
5. *After the form has been completed and checked, please sign and date it and send it to the Managing Director without delay.*

FOR OFFICIAL USE

Date ReceivedChecked by.....

Remarks

.....

Employer's Registration Certificate No.

issued on..... together with:

Form SF9.....

Leaflet 1.....

Forms SF2.....

SF5A

SF5B

SF6.....

SF7.....