

EMPLOYER REGISTRATION FORM

COOK ISLANDS NATIONAL SUPERANNUATION FUND

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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

CINSF Office)

Please tick appropriate box:

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

Employer Code (Code to be provided by

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:

4. Residential Address:

4. Nature of Business/trade: _____

5. Telephone: _____

6. Facsimile: _____

7. Email Address: _____

8. Mobile: _____

9. 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 identification.

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

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	POSITION	SPECIMEN SIGNATURE

CINSF Office Use Only☐

Confirm all fields on form are completed before accepting this Registration Form.

☐

Process through employer registration and provide EMPLOYER CODE.

☐

Register employer on TRACKER.

☐

Print Employer CERTIFICATE, CONFIRMATION Letter and attach a copy of 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

☐

Tracker Note

☐

Scan document to Vault

☐

Scan document to Tracker

☐

File document in Coda File

Date

dd / mm /yyyy

Completed by:

Date

dd / mm /yyyy