

Appendix 2

Tuvalu National Provident Fund

Employer's Registration Form (Application)

Registration Number

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(For Official use)

Full Name of Firm _____

Employer's Name
(if different) _____

Address _____

Place of Business _____

Nature of Business or Trade _____

Number of Employees _____

I certify that the information give above is correct

Signature of Employer _____

Date : _____

Notice Anyone giving false information in connection with an application for registration will be liable to conviction

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