



Tuvalu National Provident Fund
P. O. Box 51, Funafuti
Tuvalu

Form 4R

Application For Registration As A Member

Membership Number:
(for official use only)

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1. Surname:
2. First Name:
3. Mother's Full Name:
4. Father's Full Name:
5. Date of Birth (dd/mm/yy):
6. Place of Birth:
7. Home Island:
8. Nationality:
9. Gender (please tick): Male Female
10. Marital Status (please tick): Single Married Divorce Widow
11. Spouse Full Name (if married):
12. Member type (please tick): Normal Voluntary
13. Employer (if Normal):
14. Date started work (dd/mm/yy):

Declaration

I declare that the information on this form is true to the best of my knowledge and belief.

Applicant Address:

Applicant Signature: _____

Date (dd/mm/yy):

Witness Full Name:

Address of Witness:

Witness Signature: _____

Employer or TNPf Representative

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Employer Reg. No.: