

# **NATIONAL PENSION SCHEME AUTHORITY**

#### **EMPLOYER REGISTRATION FORM**

PART 1			EMPL	OYER D	ETAIL	S		
TRADING NAME LEGAL NAME								
TYPE OF BUSINESS	Regular Seasonal (TICK WHERE	E APPROPRIA	NTE)					
AREA							 	
PHYSICAL LOCATION							 	
STREET NAME							 	
CONTACT PERSON								
POSTAL ADDRESS								
POSTAL NAME								
TOWN								
POST CODE			TELEPHON NUMBER	E				
E-mail								
FAX NUMBER								
PART 2			BUSIN	IESS DE	TAILS	3		
NATURE OF BUS	SINESS						 	
DATE INCORPO	L							
DATE STARTED EMPLOYING NAME OF HOLDING COMP	[	D D D D	M M	C C Y				
NAME OF SUBSIDIARY								
NUMBER OF EM	IPLOYEES							

#### PART 3

## PROPRIETOR DETAILS

N.R.C No.																	
PROPRIETOR'S NAME												 		 			
PROPRIETOR'S POSITION													 	 	 		
POST BOX																	
POSTAL NAME																	
TOWN																	
POSTAL CODE																	
DECLARATION																	
I DECLARE THAT THE INFORMATION SUBMITTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.																	
EMPLOYER'S SIGNATURE																	
D D M M C C Y Y																	
DART 4																	

PART 4

### **OFFICIAL USE**

DATE REGISTERED WITH NAPSA								
	D	D	М	М	С	С	Υ	Υ
ACCOUNT NUMBER ALLOCATED								
			OFFICIA	L STAM	1P			