



SOLOMON ISLANDS NATIONAL PROVIDENT FUND

NPF Building, Mendana Avenue, P.O Box 619, Honiara, Solomon Islands
Telephone: (677) 21659 Fax: (677) 20484

APPLICATION FOR VOLUNTARY NPF MEMBERSHIP

Employer Code :

Name (Full Name) _____

Contact/Postal Address _____

Phone Number _____ Mobile Number _____

Date of Birth _____ Place of Birth _____

Province of Origin _____

Fathers Name _____

Indicate with a tick in the box relevant to your circumstances:

Declaration 1

I hereby apply to become a voluntary member of the National Provident Fund. I declare that I am not, and have never been, a member of the Fund and I am not exempted under Section 27 or Section 50(a) of the National Provident Fun Act Cap 109.

Declaration 2

I hereby apply to become a voluntary member of the National Provident Fund. I declare that I am a registered member of the Fund, had paid contributions to the Fund under Section 13(1) of Cap 109 in two successive contributions half-years, and have ceased to be an employee on the (date) _____

Declaration 3

I hereby apply to become a voluntary member of the National Provident Fund. I declare that I was once a registered member of the Fund but had withdrawn my contribution under Section 29 of Cap 109, and have ceased to be a member on the (date) _____

Signature of Applicant Date _____

Name of Witness _____ Signature of Witness Date _____

Note: It is an offence, punishable on conviction by a fine not exceeding \$500 or imprisonment for a term not exceeding one year, or both such fine and imprisonment, knowingly to make a false statement or submit a false document for the purpose of obtaining membership of the Fund.

Action Taken	Supervisor Initials	Date Actioned
Application Approved		
Employer Number Allotted		
Employer File Prepared		
Advice and Documents Send		