



**ESWATINI NATIONAL PROVIDENT FUND  
VOLUNTARY REGISTRATION FORM**

To Chief Executive Officer  
Eswatini National Provident Fund  
P.O. Box 1857  
MANZINI

Please register the following individual as a contributing member in accordance with the provisions of the Swaziland National Provident Order, 1975

	Description	Please complete unshaded areas only	For use by ENPF
1		<b>Full Name:</b>	
	Member Name:		
2	Postal Address:		
3	Telephone/cellphone number:		
4	Email address:		
5	Registration date:		
6	Graded Tax Number: where known		
7	Personal Identification Number (PIN)		
8	Full physical address:		
9	Name of registering employer:		
10	Employer's telephone/cellphone number:		
11	Contribution commencement date		

<p>..... (Signature)</p> <p>..... Date</p>	<p>..... (Your Full Name)</p> <p>..... (Designation or Official Status)</p>
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**NOTES:**

- # 1: Name of person being registered with the Fund, under whose name voluntary contributions will be made.
- # 2 – 4: Postal, telephone and email details of the person being registered with the Fund under #1.
- # 9 & 10: Name and contact details of the person who is registering their domestic worker, in the case where a domestic worker or other beneficiary is being registered.
- Where one is registering for their own voluntary contribution, #8 & 9 are not applicable.
- Separate registration forms need to be used where the same employer is registering more than one domestic worker.

<b>For use by ENPF</b>		<b>Allocated Member Number:</b>
Data Captured on:		
Prepared By:		