



ESWATINI NATIONAL PROVIDENT FUND EMPLOYER REGISTRATION FORM

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

Please register the following business/company as a contributing employer in accordance with the provisions of paragraph two of the Registration of Contributing Employers Order, 1975

1	Description	Please complete unshaded areas only		For use by ENPF
		Full Business Name:		
	Organisation name			
	Section(see note 1):			
2	Postal Address:			
3	Telephone/cellphone number			
4	Email address			
5	Date business registered:			
6	Nature of business:			
7	Income Tax Number:			
8	Full physical address			
9	Number of employees:			
10	Name of contact person:			
11	Certificate of incorporation Number			
12	Trading licence Number			
13	Name(s) of Business Director(s)			
14	Business commencement date			
15	Compliance date:			

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

1. Separate applications for registration may be sent to the fund's Office where the employer has separate branches, depots or sections of his organisation which he requires to identify separately for accounting purposes e.g. pay points, farms, projects or staff of different categories. Separate accounts will be opened for them.
4. Date that the company was registered at the Registrar General's Office.
5. Nature of business - type of business.
6. The income Tax number of business as registered at the Receiver of Revenue.
7. The full physical address where the main business takes place including the street name and number.
8. The number of employees normally employed.
9. The name of the person responsible for completing the NPF200 form or who handles queries regarding the NPF200 form.
14. The date the business is commencing business.

For use by SNPF		Allocated Account Number:
Data Captured on:		
Prepared By:		