

New Member Application Form

Foomu Kole Memipa 'i he Sino'i Pa'anga Mālōlō Mei He Ngaue

(Ngaahi Tu'utu'uni (Pule'i) 'o e Sino'i Pa'anga Malolo mei he Ngaue 1999; Kupu 3, Kupu si'i (a) mo e (b))

SECTION A :
(KONGA A:)

EMPLOYEE DETAILS :
(NGAAHI FAKAMATALA KI HE TOKOTAHA NGAUE:)

Attach original or certified copy of Birth Certificate and Marriage Certificate (if applicable), and also provide any other form of identification e.g. Passport / Driving Licence / National ID ('Omai 'a e tatau mo'oni ho'o Tohita'u mo e Tohi Mali ('o ka fiema'u), pea mo ha tatau mo'oni 'o e taha 'i ho'o Paasipooti / Laiseni Faka'uli / ID Faka fonua)

Please write legibly with dark ink pen. (Kataki tohi lelei 'aki ha peni vaitohi 'ilonga lelei ke lava 'o lau)

1. Employee's Full Name (as according to Birth Certificate and Marriage Certificate) [Hingoa Kakato 'o e Tokotaha Ngaue (hange ko ia i he Tohita'u pe Tohi Mali)]

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2. Date of Birth ('Aho Fa'ele'i)

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3. Gender (Tangata/Fefine)

Male (Tangata) Female (Fefine)

9. Home Address (Tu'asila 'Api Nofo'anga)

4. Post / Rank (Fatongia pe Tu'unga 'i he Ngaue'anga)

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5. Employer's Name (Hingoa 'o e Ngaue'anga)

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6. Date of Appointment ('Aho na'e kamata ngaue ai)

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7. TIN Number (Fika Tukupau)

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8. Special Indicator : (Faka'ilonga Makehe)

Magistrate Judge Police / Fire Officer (Fakamaau) HMAF (Kau Tau 'a 'Ene 'Afi)

11. Email Address (Tu'asila 'Imeili)

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12. Home Phone Number:

(Fika Telefoni 'o e 'Api nofo'anga)

13. Mobile Number:

(Fika Telefoni To'oto'o)

SECTION B :
(KONGA B:)

DECLARATION
(FAKAPAPAU:)

I hereby declare that the information provided in this form is true and correct to the best of my knowledge.
('Oku ou fakapapau ko e ngaahi fakamatala kotoa 'oku 'oatu 'i he foomu ko eni 'oku tonu mo totonu ki he'eku 'ilo)

Member's Signature:
(Fakamo'oni Hingoa 'a e Memipa)

Signature of Witness:
(Fakamo'oni Hingoa 'a e Tokotaha Fakamo'oni)

Full Name of Witness:
(Hingoa Kakato 'o e Tokotaha Fakamo'oni)

Address of Witness:
(Tu'asila 'o e Tokotaha Fakamo'oni)

Date ('Aho)

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<p style="font-size: small;">Employer Stamp / Sitapa 'a e Ngaue'anga</p>	<p style="font-size: small;">Member's Photograph / Ta 'o e Memipa</p> <p style="font-size: x-small; text-align: center;">Attached 1 recent Passport Size Photo certified by Employer. 'Omai ha Ta Paasipooti kimui ni mai 'oku fakapapau 'i 'e ho'o ngaue'anga ko koe ia)</p>
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SECTION C :
(KONGA C:)

OTHER DETAIL :
(NGAAHI FAKAMATALA MAKEHE:)

I am a new Member and have not been admitted as a Member of the Fund
(Koe Memipa fo’ou au, pea kuo te’eki ai ke fakahu au ko ha Memipa ‘o e Sino’i Pa’anga Malolo)

I was previously a member of the Fund but had left the Civil Service and now re-appointed
(Na’a ku ‘osi memipa pe kimu’a pea u malolo mei he ngaue ka kuo toe ui au ke toe foki ki he Ngaue Sivil)

Previous Fund Membership Number
(Fika Memipa ki mu’a)

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Date of Leaving Service
(‘Aho na’e mavahe ai meihe ngaue)

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Name of Last Ministry/Employer:
Hingoa ‘o e Potungae Pule’anga/ Ngaue’anga na’ake ngaue fakamuimui ai.

Address:
Tu’asila

Employed from: to:
Ngaue mei he kihe

I exited the Fund previously.
(Na’a ku ‘osi mavahe pea toho kotoa ai ‘eku pa’anga meihe Sino’i Pa’anga Malolo.)

Ground for Exit from the Fund
(Makatu’inga na’a ke mavahe ai mei he Sino’i Pa’anga Malolo)

Please tick the appropriate box
(Kataki ó faka’ilonga’i ‘a e puha ‘oku kaungatomu)

Normal Retirement
(Malolo mei he ngaue i he a’usia ‘o e taú penisoni)

Preserved Member Retirement
(Memipa Tauhi ósi malolo mei he ngaue ka kuo a’usia ‘a e taú penisoni)

Early Retirement on Medical Ground
(Malolo mei he ngaue i he u’hinga fakafaitoó)

Preserved Member Retirement on Medical Ground
(Memipa Tauhi ósi malolo mei he ngaue kuo ikai lava ha toe ngaue ‘i he u’hinga fakafaitoó)

Preserved Members Migrated Overseas (Migration)
(Memipa Tauhi ósi malolo mei he ngaue kuo hiki ó nofofonua i muli)

Redundancy
(Malolo mei he ngaue ‘i he tamate’i ‘o e lakanga)

Rollover to other Approved Retirement Fund
(Hiki ki ha Sino’i Pa’anga Malolo mei he Ngaue kehe)

Others (please specify)
(Fakaha mai ‘o ka ko ha toe u’hinga kehe)

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SECTION D :
(KONGA D:)

Official Use Only :
(Ke ngaue’aki ‘e he ‘Ofisiale pe:)

Fund Membership Number Assigned
(Fika Memipa kuo foaki)

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Retirement Fund Board Building P.O Box 96 Nuku’alofa Kingdom of Tonga
Tongatapu: Tel: (676) 25433 Fax: (676) 25422 Email: enquiry@rfb.to Website: www.rfb.to
Vava’u Branch: Tel: (676) 70434 Fax: (676) 71414

This version of the RFB1 Form was effective from 1 July 2023