



**REGISTRATION OF EMPLOYER FOR
PPF MEMBER SELF HELP FACILITY
(www.ppftz.org)**

Name of Organisation :

Employer No.:

Official email:

Details of authorised users:

1. Full name:

Position:

Email Address:

Signature:

2. Full name:

Position:

Email Address:

Signature:

Official Stamp of Organisation

For official use

Password issued:

Date: