



**CHECKLIST**

**GROUND 3 – MEDICAL WITHDRAWAL**

Tick the box to confirm the attached document is complete

- Form 10 – Confidential Medical Certificate
- Form 9C- Application Form
- FNPf Membership Card or Certified copy of member’s recent photo ID if FNPf card is lost\*\*
- Acceptance of resignation or Termination of employment letter on Medical grounds from last employer\*\*
- Certified True Copy of Birth Certificate\*
- Certified True Copy of Marriage Certificate\*
- Detailed Medical Report on Official letterhead and duly stamped\*\*
- Latest valid Bank Statement (Local/Overseas)
- Overseas Bank Account - certified true copy of passport showing identification details\*\*
  - certified true copy of PR visa pages\*\*
  - Bank account number
  - Bank address
  - BSB number
  - Swift code and routing number
- Employment history- detailed list of all employers member was employed with whilst being a member of FNPf

**OFFICIAL USE ONLY- CHECKED BY:**

**NAME:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TIME LOG:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\* To be certified by Lawyers only  
\*\* To be certified by a Justice of Peace or a Lawyer

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