

**CS**

FIJI NATIONAL PROVIDENT FUND  
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## CONTRIBUTION SCHEDULE FOR THE MONTH OF .....

To be sent with remittance to reach FNPf on or before .....

(..... contribution is based on all deductions made from ..... wages)

Employer's name address:

Reference No. \_\_\_\_\_

Sheet No. \_\_\_\_\_

Balance brought forward

Entry No.	Member's name (As Shown on membership card)	Member Number	TIN Number	Normal Contribution	Excess Contribution	Total Contribution
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Sheet Total

Balance carried forward

Signature of Employer's Representative: \_\_\_\_\_

No. of Employees Paying Contributions: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Total No. Employees Employed: \_\_\_\_\_

Amount: \_\_\_\_\_

Cheque/Cash