

APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS BY MEMBER FOR PRE-RETIREMENT BENEFIT NATURAL DISASTER

Please read these notes:

It is an offence, if any person for any purpose connected with **FNPf Act** to:

- (1) knowingly make a false statement or
- (2) To produce or furnish or cause or knowingly allow to be produced or furnished any document which he knows to be false in a material particular.

1. Eligibility

Application for Assistance will only be considered if:-

- (a) your balance exceeds \$1,000.00
- (b) you have eligibility

2. How to lodge this application

Your completed application may be lodged at the FNPf offices in Suva, Lautoka and Labasa or sent by mail to the address below.

All Correspondence to be addressed to the General Manager & Chief Executive

Head Office

Provident Plaza 2
Private Mail Bag
Suva
Telephone: (679) 330 7811
Facsimile: (679) 330 7611

Lautoka

Drasa Avenue
Private Mail Bag
Lautoka
Telephone: (679) 666 1888
Facsimile: (679) 666 5232

Labasa

Rosawa Street
Private Mail Bag
Labasa
Telephone: (679) 881 2111
Facsimile: (679) 881 2741

Valelevu Agency

Valelevu Complex Building
Saqa Place
Valelevu
Telephone: (679) 3343 671
Facsimile: (679) 3343 670

Nadi Agency

Shop 2 Lalidhar Arcade
Namaka Lane
Nadi
Telephone: (679) 672 8981
Facsimile: (679) 672 8982

Savusavu Agency

Budget Lodge Building Ltd
Main Street
Savusavu
Telephone: (679) 885 3396
Facsimile: (679) 885 3397

Ba Agency

Ganga Singh Street, Ba
Telephone: (679) 667 0003

Explanatory Notes

- 1. Full Name:** Your name should be the same as it appears on your membership card. If your name is different for some reason you will be required to correct our records first before your application is processed any further, by filling the appropriate forms (CHANGE OF NAME) and produce supporting documents such as birth certificate, marriage certificate, etc
- 2. FNPF Number:** Your FNPF No. as shown on your FNPF card.
- 3. Father's name:** To be completed to confirm your existing records with FNPF
- 4. Date of birth:** Your date of birth should be the same as on the FNPF records. If it is different you will be required to follow the same procedure as explained in Note 1 above.
- 5. Telephone:** The telephone number you give should be the one by which we can quickly contact you should we need to speak to you urgently.
- 6. Occupation:** Describe the type of job you are doing e.g. Motor Mechanic, Sales Assistant, Clerk, etc.
- 7. Postal address:** This should be your mailing address in Fiji where correspondence may be sent. For cheque mailing refer Section D. Question 14

- 8. Amount requested:** The amount you would like to withdraw.

B. Employment history

- 9. Employment name & address:** In order to properly update your account it will be necessary for you to provide the name and address of your current employer who has paid contributions on your behalf. If you are not in employment, provide the name and address of your last employer.
- 10. Reason for hardship:** State reasons funds are required and how you will use these funds. Evidence showing that you have been affected by cyclone should be attached.

C. Declaration confirming your hardship caused by the recent natural disaster.

This section should be completed by the following persons or representatives of their organisations based in the affected area:-

District Officer or Provisional Administrator.

Signature and designation of the signatory & their official stamp is required.

This section need not be completed if an official letter from those persons stated above is available.

D. Method of payment

12-15. How would like your payment to be made to you. You should indicate your choice of method of payment by ticking the appropriate box. Electronic Funds Transfer payment is made through ANZ Bank and requires FNPF membership card bearing your photograph. There is a fee of \$10 charged by the bank.

E. Declaration

Thump print / Signature: A clear signature and thumbprint will assist verification of your application. In case of difference in your signature, you may be asked to sign again or follow the procedure as in Note 1 to correct it.

Name & Address of witness: Your signature & thumbprint should be done before a witness.

A. Particulars of applicant

1. Name 2. FNPF NO:

3. Fathers Name: 4. Date of birth 5. Phone 6. Occupation

7. Postal address for correspondence

8. Amount requested \$

B. Employment history:

9. Name and address of current employer or last employer if not employed

10. Reasons for request:

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C. Declaration from District Officer / Provincial Administrator based in the affected area.

I, of hereby confirm that
..... with membership number

Name of member

of.....

Residential address

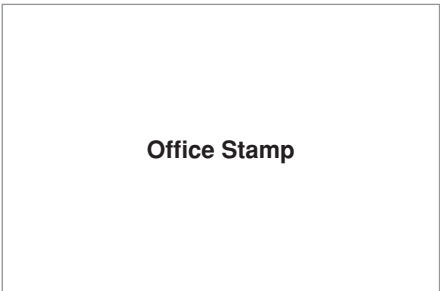
has been affected by the recent Natural Disaster

Name of disaster

Name

Designation

Signature



D. Method of payment

Payment Authority (This authority may be exercised if application is approved)

11. I.
hereby apply and authorise for payment to the above mentioned organisation and it will be deemed a proper discharge by FNPF of funds held in my account
How would you like your cheque sent to you?
Please tick appropriate address:
12. Mail to following address:
13. Collect personally - disbursement letter
 Suva, FNPF Lautoka, FNPF Labasa, FNPF
 Valelevu, Agency Nadi, Agency Savusavu, Agency
14. Deposit into my bank account
(Note that your cheque cannot be deposited into an account other than your own)
Name of bank Account NO.
15. Payment by electronic funds transfer through ANZ bank (\$10 fee charged by the bank)

E. Declaration by member

I declare that I have read, understood and answered all the questions and the particulars provided by me are complete and correct to the best of my knowledge. I understand that incorrect and misleading information given in this application could result in refusal of my application.

Left Thumbprint	Signature of member	Date
	<input type="text"/>	<input type="text"/>
	Signature of witness (to signature / thumbprint)	
	<input type="text"/>	
Print name & address of witness		
<input type="text"/>		

OFFICE USE ONLY

Name of FNPF 3	Date of birth
<input type="text"/>	<input type="text"/>
Signature and thumb tally <input type="checkbox"/> Y <input type="checkbox"/> N	Eligibility: <input type="text"/>
Checked by <input type="text"/>	Recommended Amount: <input type="text"/>
Balance	Period last contribution paid
\$ <input type="text"/>	<input type="text"/>
Withdrawal approved - General Manager	
<input type="text"/>	
Comments if rejected	
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