



# WITHDRAWAL APPLICATION FOR PARTIAL WITHDRAWAL

**Please read these notes:**

- Before you fill this form, read the **Explanatory Notes on Page 3.**
- All sections of this form must be duly completed
- Any person, who knowingly makes a false statement or produces false documents, commits an offence contrary to section 49 of the FNPf Act and is liable to a fine of \$500 or 1 year imprisonment or both. Consequently, the Fund may also impose restrictions on the withdrawals for the said person.

**SECTION A: MEMBER DETAILS**

Name: ..... FNPf No.: .....

f/n: ..... Date of Birth:   /     /

Phone/Mobile No.: .....

Tax ID No. .... E-mail Address: .....

Postal Address: .....

Residential Address: .....

**SECTION B: EMPLOYMENT DETAILS**

Name & Address of Employer: .....

Name & Address of Previous Employer: .....

Any other Previous Employer: .....

**SECTION C: REASONS FOR WITHDRAWAL: (ASSISTANCE REQUIRED- TICK ONLY ONE)**

Over 55     Unemployment     Medical     Overseas Education     Funeral

**DETAIL OF PERSON FINANCIAL ASSISTANCE REQUIRED FOR (if applicable)**

Name: ..... f/n ..... FNPf No. ....

Relationship to member: ..... Date of Birth:   /     /

Explanation on Assistance Required: .....

.....

.....

Amount Requested: \$

**SECTION D: PAYMENT AUTHORITY AND DECLARATION**

**PAYMENT AUTHORITY**

(This authority may be exercised if my application is approved)

I hereby apply and authorise for payment to be made to myself ..... and/ or to the institute ..... and that it will be deemed a proper discharge by FNPf of funds held in my account.

**Indemnity**

I hereby indemnify the FNPf Board from any liability whatsoever, including any loss benefits that may arise as a consequence of approving my Application.

**Declaration**

I declare that I have read, understood and answered all the questions. The particulars provided by me are complete and correct to the best of my knowledge.

**Member's Left Thumbprint**

**Signature of member (As in FNPf Records)**

**Date**

**Signature of Witness (To Member's Signature & Thumbprint)**

**Print Name & Address of Witness**

**SECTION E: METHOD OF PAYMENT**

Deposit into:  My Account  Hospital:  Education Institute:

Name of Bank.....

Bank Account No.:.....

Account Holder Name:.....

**For OVERSEAS Bank Deposit through Telegraphic Transfer ALSO provide the following:**

Bank address: ..... Swift Code.....

*And for the following countries only please submit the following Code:*

USA: Routing No:.....

Europe Countries: IBAN No:.....

Australia / NZ BSB Code:.....

India: IFSC Code:.....

**Mail Bank Draft to my overseas address**.....

Full Residential Address .....

**[Note: For any transfer of funds overseas, submit certified copies of passport page and visa.]**

**OFFICE USE ONLY**

Withdrawal Reference Number:

Member Details tally with FNPF Record: Yes / NO

Checked By:.....

Employment Details tally with FNPF Records: Yes / NO

Checked By:.....

All Forms duly completed Yes / NO

All documents required attached & checked Yes/ NO

Last Cont Paid Month/Year .....

Signature & Thumbprint Tally: YES/ NO Checked By:..... Date:.....

Current Balance \$..... Eligibility \$..... Amt Recommended \$.....

Recommended By: ..... Signature:..... Date.....

**Withdrawal Authorized- General Manager**

Approved

Reject

Approving Officer.....

Signature.....

Date: .....

Amount Approved: \$.....

Tuition: \$.....

Accommodation: \$.....

Comments

.....  
.....

**SECTION F: ADDITIONAL INFORMATION FOR FUNERAL ASSISTANCE**

(This section is to be filled ONLY when applying for funeral assistance if the deceased is not a member of FNPF OR the deceased is a member of FNPF but does not qualify.)

**Personal Detail of Deceased Member**

Name of deceased on birth Certificate:

Date of Birth: [ ] [ ] / [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ]

Date of Death: [ ] [ ] / [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ]

Member relationship to deceased:.....

Place of Burial:.....

Birth Certificate Registration No:.....

FNPF No of deceased:.....

Place of Death/Mortuary:.....

Date of Burial: [ ] [ ] / [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ]

**CONFIRMATION OF DEATH**

I hereby confirm the death of .....

which occurred on (date) ..... at .....

and I also confirm that Mr. /Mrs/ Ms. .... is responsible for making all the funeral arrangements. I further confirm that the funeral will take place as stated by the member.

Dated at ..... this ..... day of ..... 20.....

**Signature of Commissioner for Oath / Priest** .....

**Name of Commissioner for Oath / Priest** .....

**Address** .....

**OFFICIAL RUBBER STAMP SIGNED AND DATED:**

**Guidelines for Partial Withdrawal**

The FNPF is a compulsory saving institution to ensure financial security when a member retires. But in specific instances the FNPF will allow funds to be partially withdrawn from member's accounts for the following purposes:-

- 1. Over 55 Assistance (For members who had withdrawn on attaining age 55 and have rejoined the Fund)
- 2. Funeral Assistance- (Spouse, parents, brother, sister and children)
- 3. Unemployment Assistance (Terminated from employment and must apply within 3 months of termination)
- 4. Overseas Education Assistance (Member, spouse, brother, sister and children)
- 5. Local and Overseas Medical Assistance. (Member, spouse, parents, brother/sister, & children).

**Processing Fees:**

A processing fee of \$10 is applicable for all partial withdrawals. Do not send any cash with your application via mail.

**Documents to submit with this application**

An application form can be accepted for processing only when ALL of the required information and documents are attached.

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

Email: [information@fnpf.com.fj](mailto:information@fnpf.com.fj)

Website: [www.myfnpf.com.fj](http://www.myfnpf.com.fj)

