

APPLICATION FOR FNPF DISTRIBUTION

[Pursuant to section 57 of the Fiji National Provident Fund Decree 2011]

In the High Court of Fiji
At Suva
FNPF Jurisdiction

Case No: _____

Instructions for completing this Form:

- i. Please type or print clearly;
- ii. Originals of all documents required by this Form are to be submitted;
- iii. Beneficiaries other than the Applicant must complete separate Identification Certificates and attach to this form.
- iv. Completed forms must be filed at the High Court Civil Registry together with a Filing Fee of \$5.75

Part A: About the Deceased

Full Name:			
Usual Place of Residence of Deceased:			
FNPF Number:		Date of Death:	
FNPF Amount:		Date of receipt of FNPF Letter:	
Marital Status of Deceased: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>			
Number of Children of the Deceased:			
<i>Details of the Children of the Deceased</i>			
Name:	Date of Birth	Bank	Bank Account Number
i.			
ii.			
iii.			
iv.			

Part B: About the Applicant

Full Name:		
Residential Address:		
Date of Birth:	T.I.N.:	Date of marriage:
Work Phone	Home:	Mobile:
Marital Status of Applicant: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		
Bank:	Account No:	
Relationship with the Deceased:		Occupation
Thumb print of Applicant:		Recent Passport Size Photo: <i>[to be signed at the back by Identifier]</i>

Part C: OATH OF AFFIRMATION

I, _____ [name of Applicant] of _____ [Residential address] _____, _____ [Occupation], make oath and say as follows:-

1. That the original certificates attached to this Form are true to the best of my knowledge and belief.
2. That I further affirm before the Honorable Court that there is no misrepresentation made in the within Form that would enable wrongful disbursement of the FNPF fund.
3. That I understand that I am under oath and that any misrepresentation would make me liable for prosecution.
4. That any non material disclosure or false declaration would in addition to criminal prosecution, result in the money distributed, being returned to the High Court to be distributed according to Law.

Sworn by the said _____
 this _____ day of _____ 20____,
 at _____ after the contents hereof were
 explained to him/ her in the _____
 language and he/she appeared fully to understand
 the meaning and effect thereof.

 Signature of Applicant

 Commissioner for Oaths

Part D: DOCUMENTS TO BE SUBMITTED

[Please submit originals. Kindly tick the appropriate box]

FNPF Letter	
Marriage Certificate of Deceased	
Death Certificate of Deceased	
Birth Certificate of Deceased	
Birth Certificate of Children	
Divorce Order (if applicable)	
Death/ Birth Certificate of Parents of Deceased	
Death/Birth Certificate of Siblings of Deceased	
Passport Size Photo certified	
Identification forms for Beneficiaries	
T.I.N Letters	

Part E: STATUTORY DECLARATION

I, _____ [name of Applicant] _____ of _____ [Residential address] _____, _____ [Occupation] _____, hereby solemnly and sincerely declare that the information and particulars provided in support of this Application for FNPF Distribution are true and correct.

And I make this declaration believing the same to be true and by virtue of the Statutory Declarations Act.

Sworn by the said _____
 this _____ day of _____ 20____,
 at _____ after the contents hereof were
 explained to him/ her in the _____
 language and he/she appeared fully to understand
 the meaning and effect thereof.

 Signature of Applicant

 Commissioner for Oaths/ Justice of Peace

Part F: Certificate of Identification of Applicant

I, _____ [name of Identifier] _____ of _____ [Residential address] _____, _____ [Occupation] _____, hereby confirm that the passport photograph attached to this Application Form bearing my signature at the back of the said photograph is the true likeness of the Applicant, _____ [name of Applicant] _____, and who has been properly identified by me as the _____ [Relationship] _____ of the Deceased. I also confirm that I have thoroughly checked the contents of the form and that the Applicant fully understands the actual meaning of the form and has signed the form before me.

Signed by the said _____ [name of Identifier] _____ of _____ [Residential address] _____, _____ [Occupation] _____ this _____ day of _____ 20____.