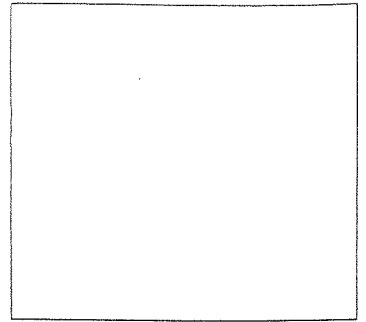


HBP NO. _____



Attach a recent Passport size photo certified by the same officer certifying this application form.

**HIGH COURT OF FIJI
SUVA**

APPLICANT'S IDENTIFICATION FORM

(Particulars are to be filled by the person legally entitled to the FNPf money)

IN THE ESTATE OF
.....

Particulars regarding the Applicant:

- i. Mr. /Miss. /Ms.
- ii. Residential Address:
- iii. Male/ Female:
- iv. Marital Status:
- v. Occupation:
- vi. Name of Employer:
- vii. Address of Employer:
- viii. Phone Contact:
- ix. Tin No:
- x. Applicant's Relationship with the Deceased:
- xi. Date of Birth:

HBP NO. _____

- xii. Bank detail:
- xiii. Bank Account No:
- xiv. Applicant's Signature/ Thumb Print:

CERTIFICATION

I,
hereby confirm that the Passport Photograph attached is the true likeness of the applicant Mr. /Miss.
/Ms.
and who has been properly identified by me as the deceased.....
(Relationship). I also confirm that I have thoroughly checked the content of the form and that the
applicant fully understands the actual meaning of the form and have signed the form before me.

Full Name of Certifier:

Residential Address:

Occupation:

Employer Address:

Phone/ Mobile Contact:

Signature: Date:

STATUTORY DECLARATION

I, _____ [name of applicant] _____ of _____ [Residential address] _____
_____, _____ [Occupation] _____, hereby solemnly and
sincerely declare that

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 hereof.

_____ }
Signature of Applicant

Commissioner for Oaths/Justice of Peace