FULL WITHDRAWAL

MIGRATION APPLICATION

Please complete this form if you are withdrawing ALL your funds because you are migrating. Please complete in pen using BLOCK letters. Print “X” to mark boxes where applicable and ensure that the form is complete before submission.

Note: It is an offence under the Fiji National Provident Fund Act, 2011 to make any false statement or to produce any document which is false. The use of correction fluid/tape is not allowed. You are required to sign beside any amendments made in the form.

EXPLANATORY NOTES:

When can I apply for this withdrawal?
You can apply for a full withdrawal if you are migrating to take up full permanent residency or you are an expatriate returning to your country of origin.

What options are available when I apply for the withdrawal?
The only option available when you migrate is a lump sum payment.

Can I rejoin the Fund if I have fully withdrawn my funds?
You can rejoin the Fund as a mandatory member and you will need to complete the FNPF 3R Form (Registration of Member) and 5R Form (Memorandum of Nomination) within 3 months of re-employment.

What documents will I need to submit with this application?
You must apply on the prescribed application form (FW04).

The required documents to be attached to the form is as follows:
- Original or Certified copy of Birth Certificate and Marriage Certificate printed after year 2000 (if not previously assisted).
- FNPF Membership Card.
- FNPF/FRCS Joint ID Card or TIN letter
- Certified copies of the first two pages of your passport showing your identification and passport validity.
- Certified copies of visa pages for permanent residency for the country of migration.
- Letter of acceptance of resignation or termination of contract from employer if you were employed within the last six months of application.
- A certified copy of your work permit if you were employed within the last six months of this application.
- Latest Bank Statement (within a month Local/overseas).
- Overseas bank account (Bank statement, BSB/Routing Number and swift code).

All document copies must be certified by either an authorised FNPF officer, Justice of Peace, or Commissioner for Oath or Notary Public (overseas).

Where can I lodge this application?
Your completed application can be lodged at any of our FNPF office nearest to you.
### SECTION A – PERSONAL DETAILS

1. FNPF ID:  
2. TIN No:  
3. Full Name (as on Birth Certificate):  
   Married Name:  
4. Birth Registration Number:  
5. Date of Birth (DD/MM/YY):  
6. Gender:  
7. Email:  
8. Phone Contact:  
   - Home  
   - Work  
   - Mobile  
9. a) Postal Address:  
   b) Residential Address:  
10. Preferred Communication -  
    - Mobile  
    - Email  
    - Postal  

**INDEMNITY** – the Fund will not be liable for disclosure of information on any of the preferred communication medium.

### SECTION B – EMPLOYMENT DETAILS

1. Name of Last Employer:  
2. Last date Employed:  
3. Address of Employer:  
4. Detailed employment history whilst in Fiji:  

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<th>EMPLOYER NAME</th>
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<th>PERIOD OF EMPLOYMENT</th>
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### SECTION C – PASSPORT AND VISA DETAILS

I am migrating or returning to (country)  
on (date)  
Citizenship:  
Passport No:  
Passport Issue Date:  
Expiry Date:  
Visa No:  
Visa Type:  
Visa Issue Date:  
Visa Expiry Date:  

### SECTION D – PAYMENT DETAILS

You are required to complete this section indicating the method of payment and payment details:

- Deposit to my local bank account:
  - Account Name:  
  - Bank Name:  
  - Account No:  

FWAMIGRATION, FEBRUARY 2018
SECTION E – DECLARATION

I understand and agree to:
(a) I hereby indemnify the FNPF Board from any liability whatsoever, including any loss of benefits that may arise as a consequence of approving my application.
(b) My application is subject to the provisions of the FNPF Act 2011, and all such terms and conditions that may be imposed from time to time.
(c) This authority may be exercised if my application is approved I hereby apply and authorize for payment to be made.
(d) I understand that I am responsible for the confidentiality of information received through the preferred communication medium. I hereby indemnify the Fund from any liability whatsoever, including the loss of privileged information received through the preferred communication medium.

Signature of Member: __________________________ Date: ____________________
Signature of Witness: __________________________ Date: ____________________
Name of Witness:  ______________________________________________________________
Address of Witness :   ___________________________________________________________

Left Thumbprint of Member