

RE-ENTRY FORM

(FNPf Act Cap 219 Section 20 part 6 Elderly Employees and Members Re-Employment After Withdrawal).

Registration of Employee who has previously been a member of the Fiji National Provident Fund

A. Employee Information

1. Previous Member Number	2. Members Number (Office use only)	3. Employer Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Member Name		
<input type="text"/>		
5. Father's Name		
<input type="text"/>		
6. Date of Birth	6. Sex	7. Place of Birth
<input type="text"/> Date / <input type="text"/> Month / <input type="text"/> Year	<input type="text"/> M <input type="text"/> F	<input type="text"/>
8. Postal Address	9. Residential Address	10. Email Address / Phone Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Next of Kin	12. Next of Kin Address	13. Next of Kin Phone Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

B Statement From Employer

I / WE hereby Certify that (name of employee) bearing the membership number of is Currently Employed by (name of Employer)

That the above employee has been in our employment for a period of

That the information provided by the employee is true and correct.

Date at this day of 20

Full Name (Employer's Representative)

Employer Representative Designation

Signature of Employer:

Signature of Employee:

Dated

Employee's Left
Thumb print

Employer /
CO Stamp

FOR OFFICE USE ONLY

Details of previous registration

Membership No	Name	Father's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Withdrawal Number	
<input type="text"/>	<input type="text"/>	

IMPORTANT: The above is the previous record of your name etc at FNPf office. If you wish to make any changes please see that you correctly fill them while completing the front of this form. Any changes to name or date of birth etc. are to be supported by documentary evidence; birth/marriage certificate, together with any other form of Identification eg. Passport / Driving Licence / Citizenship / Tax Identification Number.

IMPORTANT INFORMATION

1. Members who wish to rejoin the Fund after Withdrawal on Retirement Ground (55 years), are eligible if they have not fully withdrawn twice.
2. Members who have withdrawn on the ground of "Leaving Fiji With no Intention of Returning (Local and Foreign Passport), are required to submit the following documents as evidence:-
 - a) Certified copies of Passport pages showing identification details and pages showing date of departure after last withdrawal and arrival to the country prior to commencement of employment;
 - b) Certified copy of your work permit if applicable;
 - c) Certified copy of Employment contract;
 - d) Declaration for reason/circumstance for returning to Fiji.
3. Members who have withdrawn on Medical Ground and wishes to rejoin the Fund, the following documents are required to be submitted :-
 - a) Medical Certificate from Doctor to show that you are fit to work again;
 - b) Certified copy of Employment Contract.
4. Members who have withdrawn on Marriage and wishes to rejoin the Fund, please attach Marriage Certificate.
5. The form **MUST BE WITNESSED** by your Employer Representative.
6. Member is required to submit :
 - Certified copies of identification details.
7. Members who have not attained the age of 55, but had fully withdrawn and recommence employment must give notice to the FNPF and to his/her employer of his/her desire to re-enter the Fund within three months after re-employment.

Memorandum of Nomination

Section 34 Fiji National Provident Fund Act Cap. 219

Section A. (To be completed by member, please read instruction before completing form)

FNPF Number _____

Name of member as on Birth Certificate / FNPF Card

Grid for member name entry (two rows)

Father's Name

Grid for father's name entry (two rows)

Postal Address _____

Phone No. _____ (B) _____ (H) _____ (Mobile) _____

E-Mail Address _____

* Part 1 I hereby nominate the person(s) named in the schedule on the reverse of this form to receive at my death the share(s) set down against their respective name(s) of the amount then standing to my credit in the Fiji National Provident Fund, provided that the share of any nominee who passes away before me shall pass to the surviving nominee(s) and shall be shared among them in the same porportion that the respective shares of the surviving nominee(s) bear to each other. This Nomination becomes effective from the date of my membership with Fiji National Provident Fund.

Member's Left Thumb Print

OR

* Part 2 I do not desire to nominate any person to receive at my death the amount standing to my credit in the Fiji National Provident Fund and I understand that in the event of my death the amount so standing will be paid to Court for disposal in accordance with the laws.

Signed by above named member / LEFT THUMB print was affixed.

- (a) in the presence of the said witness
(b) after the contents hereof had been read over and explained to him/her in _____ language in the presence of the said witness.

Signature of Member
Name of Witness
Postal Address of Witness
Signature of Witness
Phone Number of Witness
Date

SECTION B

SCHEDULE OF PERSON(S) NOMINATED

Note:- Marriage after the date of this nomination will render the nomination null and void. Please complete a new form for renewal of nominee(s) after marriage. A beneficiary must not witness the signature / thumbprint to this document.

Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address Phone Contact

Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address Phone Contact

Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address Phone Contact

Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address Phone Contact

Please write clearly and legibly in dark ink
Note that Amendments and/or deletions will not be accepted.
Unless signed against incomplete forms are not valid

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 Website: www.myfnpf.com.fj