



# EMPLOYEE REGISTRATION FORM

**Note:** It is an offence under the Fiji National Provident Fund Act 2011 to make any false statement or to produce any false document(s). Complete in Black or Blue ink pen using CAPITAL letters. Please sign against amendments made, usage of correction fluid/tape is not allowed.

**PART 1 REQUIREMENTS**

FIJI CITIZEN	NON-FIJI CITIZEN
<input type="checkbox"/> Birth Certificate (post 2000)	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Marriage Certificate (post 2000) - required if using married name	<input type="checkbox"/> Marriage Certificate - required if using married name
<input type="checkbox"/> TIN card / letter	<input type="checkbox"/> TIN card / letter
<input type="checkbox"/> 1 x certified passport size photo duly witnessed by Employer / Employer Representative	<input type="checkbox"/> 1 x certified passport size photo duly witnessed by Employer / Employer Representative
<input type="checkbox"/> Completed Memorandum of Nomination (FNPF5) form	<input type="checkbox"/> Completed Memorandum of Nomination (FNPF5) form
<input type="checkbox"/> Completed Memorandum of Administration (FNPF8) form - <i>optional</i>	<input type="checkbox"/> Certified copy of valid passport
	<input type="checkbox"/> Certified copy of valid work permit
	<input type="checkbox"/> Certified copy of valid work contract

**PART 2 IF PREVIOUSLY REGISTERED AS A MEMBER**

Please DO NOT complete this form for the following scenarios.

SCENARIO	RECOMMENDED RESOLUTION
1. You were previously registered as a Voluntary Member.	Submit your FNPF details to your employer / employer representative
2. Cannot remember your FNPF number.	Contact FNPF Information on Information@fnpf.com.fj or contact your nearest FNPF office.
3. Previously registered as a member and fully withdrawn your funds.	Contact FNPF Information on Information@fnpf.com.fj or contact your nearest FNPF office for details for re-activating FNPF account.

**PART 3 PREVIOUSLY EMPLOYED AND NOT REGISTERED AS A MEMBER**

Complete employer details below. If exact dates are not known, indicate the approximate YEARS in which employed and any other relevant details.

1. Employer Name.....	1. Employer Name.....	1. Employer Name.....
2. Address.....	2. Address.....	2. Address.....
3. Employed From.....	3. Employed From.....	3. Employed From.....

**INSTRUCTIONS FOR COMPLETION OF THIS FORM**

- a) Employee must complete FNPF5 from Section A to C
- b) Employee must complete Section B to indicate allocation of compulsory contribution and Section C & E.
- c) If Employee wishes to appoint an executor for funeral assistance, please complete FNPF8.
- d) Employer must complete Section A & D

## SECTION A: DECLARATION

I hereby declare that the information provided in this form is true and correct to the best of my knowledge and I indemnify the FNPf Board against any liability arising from the information given in this form, and I understand that I am responsible for the safekeeping and updating of any changes to my FNPf record including the loss of privileged information disseminated through my provided contact details.

	Signature of Member: .....	Employer Company Stamp	1 passport size photo of Member certified by Employer/Employer Representative/Approved delegated FNPf Officer
	Witness Signature: .....		
	Name of Witness: .....		
	Address of Witness: .....		
	Designation of Witness: .....		
	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		

Left Thumbprint of Member

Must be completed Employer/Employer Representative/Approved delegated FNPf Officer

## SECTION B: SUB-ACCOUNT ALLOCATIONS

An FNPf member may allocate a specified percentage of their contribution to their Preserved Account. The percentage must be more than 70%.

*Please tick your desired option*

<input type="checkbox"/> (a) 30% General Account & 70% Preserved Account	<b>OR</b>	<input type="checkbox"/> b) General Account Preserved Account (must not be less than 70%)	<input type="text"/> % <input type="text"/> %
			Sum of General and Preserved percentages should equal 100%

## SECTION C: EMPLOYEE DETAILS

Applicant's Full Name (as in Birth and/or Marriage Certificate)

1. TIN No:  -  -  -       2. FNPf No:  (Office use only)

3. Full Name:

4. Father's Name:

5. Mother's Name:

6. Birth Registration Number:       7. Date of Birth (DD/ MM/YYYY):  /  /

8. Gender:  F  M      9. Marital Status: Single  Married  Others

10. Ethnicity       11. Religion       12. Citizenship

## SECTION D: EMPLOYMENT DETAILS

1. Employer Name:

2. Employer Ref No:       3. Date Started Work:  /  /

4. Occupation:       5. Wage payment Frequency:

## SECTION E: CONTACT DETAILS

1. Residential Address:

2. Postal Address:

3. Email:       Do you wish to use this email for your online portal access and FNPf mobile application?  Y  N

4. Phone Contact: a) Home   
b) Mobile       Do you wish to use this number for our SMS services?  Y  N  
c) Work

5. Preferred Communication - (Please tick a box)       Mobile       Email       Postal

I understand that the above communication details will be used to communicate confidential information regarding my FNPf account. ....

Member initial

# MEMORANDUM OF ADMINISTRATION FORM

This form gives the authority to the Fund to distribute part of your Special Death Benefit (SDB) to person(s) nominated below to be used for funeral expenses, in the event of your death.

1. This form is not compulsory. Should you wish to nominate an executor to receive part of your SDB for your funeral expenses, please complete Section A & B.
2. In the absence of a valid Memorandum of Administration form the Fund reserves the right to distribute part of the SDB as per its approved guideline.
3. A maximum amount of \$2,000 is payable to the nominated executor, nominated on the MOA, depending on the SDB premium deducted for the financial year.

### INSTRUCTIONS FOR COMPLETION OF THIS FORM.

- All sections of this form are to be duly completed.
- The witness must not be the nominee/executor
- The member must initial any cancellation or alteration to this form.
- The use of correction fluid is not allowed
- The nominated executor can be changed at anytime by the member.
- This form becomes invalid upon the death of the nominated executor for which the Fund reserves the right to distribute part of the Special Death Benefits for funeral expenses. This will be done in line with instruction 2 above.

### PREFERRED DOCUMENTS

- Latest birth certificate of member (post 2000)
- Latest birth certificate of nominated executor (post 2000)
- Valid Photo ID of the executor or nominee (FNPF/FRCS Joint ID Card, Drivers License, Voter ID, Passport)

**Note:** Please ensure photo ID is certified by any FNPF Officer, Provincial Administrator or Commissioner of Oath.

## SECTION A: DECLARATION

1. Member Signature ..... 2. Date:   /   /

2. Member Name ..... 3. FNPF No. ....

I hereby authorize Fiji National Provident Fund to pay part of my Special Death Benefit under the FNPF Funeral Assistance policy to person nominated above. I indemnify the FNPF Board from any liabilities, whatsoever including any loss of benefits to my nominees.

Left Thumbprint of Member

4. Witness Signature: ..... 5. Name of Witness: .....

6. Address of Witness: .....

7. Designation of Witness: ..... 8. Date:   /   /

## SECTION B: EXECUTOR DETAILS

1. Name of Executor: ..... 2. f/n .....

3. FNPF ID: (if member) ..... 4. TIN No: ..... 5. Gender:  F  M

6. Date of Birth: ..... 7. Relationship to Member: .....

8. Postal Address: .....

9. Residential Address .....

10. Phone Contact: .....

### OFFICIAL USE ONLY

11. Branch/Agency: ..... 12. Signature of Officer: .....

13. Effective Date Received (DD/ MM/YYYY):   /   /

# MEMORANDUM OF NOMINATION FORM

**Note:** It is an offence under the Fiji National Provident Fund Act, 2011 to make any false statement or produce any false document(s) which he or she knows to be false in material particular.

Should you wish to nominate an Executor upon your death to access the death benefit for your funeral expenses, please complete a **Memorandum of Administration (MOA)** form and lodge with the relevant documents.

## WHAT YOU SHOULD KNOW ABOUT A MEMORANDUM OF NOMINATION

1. The Memorandum of Nomination instructs the FNPf how to pay your balance and entitlements upon your death. This form is a legal document and must be signed in the presence of a Witness.
2. A member's "WILL" does not supersede this nomination.
3. You must sign beside any cancellation or alterations made on the form. The use of correction fluid/tape is not permitted.
4. The nomination can be changed at any time you wish, however you are required to lodge a fresh nomination if you get married or re-married and in the event of existing nominess death since the stated grounds invalidates the existing nomination.
5. If your nomination is deemed invalid or you have not nominated anyone at the time of your death, then your savings will be paid to High Court for distribution.
6. If you wish to nominate more than 4 nominees, please complete an additional page and attach to the back of this form.
7. The total allocation of shares should add up to 100%.
8. Name of Nominee(s) and details to be printed as it appears on the Birth Certificate

## INSTRUCTIONS FOR COMPLETION OF THIS FORM.

### SECTION 1 – DECLARATION

Enter your details and signed where applicable.

The witnessing officer must be over the age of 18 and not nominated on the form. The following officers are the only authorized person(s) to sign as a Witness:

1. Justice of Peace
2. Commissioner of Oaths
3. District Officer
4. Employer / Authorized Employer Representative
5. FNPf Officer
6. Medical Practitioner
7. Minister of Religion
8. Bank Manager
9. Notary Public

### SECTION 2 – MEMBER DETAILS

Enter your details as per FNPf records

### SECTION 3 – NOMINATION OPTIONS

You have a choice whether to nominate or not. Please indicate your option by placing a tick in the appropriate box.

### SECTION 4 – SCHEDULE OF PERSON(S) NOMINATED

Enter the details of your nominee(s) in the appropriate columns. Ensure that the nominee share(s) is indicated in percentage (%)

### PREFERRED DOCUMENTS

We encourage the submission of Original or Certified copy of Post 2000 Birth Certificate of every person(s) nominated to allow accuracy of nominee(s) details being captured.

### SECTION 1: DECLARATION

Member Signature ..... Date:  /  /

Signed and Acknowledged by ..... (Name of Member) ..... as his/her  
Schedule of Nomination and he/she appeared to fully understand the meaning and effect thereof.



Left Thumbprint of Member

Witness Signature: .....

Name of Witness: .....

Address of Witness: .....

Designation of Witness: ..... Date:  /  /

### SECTION 2: MEMBER DETAILS

Applicant's Full Name (as in Birth and/or Marriage Certificate)

1. FNPF ID:  ..... 2. TIN No:  -  -  -

3. Full Name:  .....

### SECTION 3: NOMINATION OPTION

Please indicate your option by placing a tick (✓) in the box next to the appropriate option.

**PART 1** I hereby nominate the person(s) named in the schedule below to receive, in the event of 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.

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

### SECTION 4: SCHEDULE OF PERSONS NOMINATED

Please write clearly and legibly in dark ink

1. Name of Nominee: .....  
Date of Birth: ..... Relationship to Member: ..... Share: .....  
Postal Address: ..... FNPF ID (If Member): .....  
Residential Address ..... Phone Contact: .....

2. Name of Nominee: .....  
Date of Birth: ..... Relationship to Member: ..... Share: .....  
Postal Address: ..... FNPF ID (If Member): .....  
Residential Address ..... Phone Contact: .....

3. Name of Nominee: .....  
Date of Birth: ..... Relationship to Member: ..... Share: .....  
Postal Address: ..... FNPF ID (If Member): .....  
Residential Address ..... Phone Contact: .....

4. Name of Nominee: .....  
Date of Birth: ..... Relationship to Member: ..... Share: .....  
Postal Address: ..... FNPF ID (If Member): .....  
Residential Address ..... Phone Contact: .....

**OFFICE USE ONLY**

Branch/Agency: .....

Signature of Officer: .....

Effective Date Received (DD/ MM/YYYY):   /   /

Head Office	Lautoka	Labasa	Sigatoka Branch	Nadi Agency	Savusavu Agency	Ba Agency	Valelevu Agency	Nausori Branch
Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Shop 5, Provident Centre, 6 Naviti Street, Private Mail Bag, Lautoka Telephone: (679) 666 1888 Facsimile: (679) 666 5232	Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111 Facsimile: (679) 881 2741	Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 323 8018, 323 8006 Facsimile: (679) 672 8982	Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 885 3396 Facsimile: (679) 885 3397	Ganga Singh Street, Ba Telephone: (679) 667 0009 Facsimile: (679) 323 8007	Shop 3, Rajendra Prasad Bros Supermarket Com- plex Valelevu Complex Building Saqqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	Lot 1, Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031

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