COV19-EWMB01

FIJI NATIONAL PROVIDENT FUND



COVID-19 MICRO-BUSINESS ASSISTANCE

Please complete in pen using block letters. Print "X" to mark boxes where applicable and ensure that the form is fully completed with correct information 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:

Any Early Withdrawal reduces any future Early Withdrawal Entitlement and reduces your retirement funds upon reaching the qualifying age of 55 years or upon full withdrawal.

1. What is this assistance?

- This is a Covid-19 relief withdrawal to allow members aged 50-54 years who are unemployed or on reduced hours/wages, to withdraw funds for micro business.
- The micro-business assistance targets start-ups or existing business that have projected/actual turnover below \$50,000.
- c. Members can apply for a maximum of \$10,000 assistance for;i. Start-up
 - ii. Other business related needs and
 - iii. Equity Contribution (through financial institutions)
- d. Members can apply twice for this assistance provided;
 - i. That both applications are within the maximum withdrawal amount allowed of \$10,000, and
 - ii. Receipts for the second installment payment of the first application is provided with the second application.

2. Qualifying Conditions:

- a. Existing voluntary or compulsory member.
- b. Member must be between 50 and 54 years old
- c. Must have sufficient General Account entitlement.
- d. Must complete all requirements relating to micro-business assistance applied for.

3. Approved Withdrawal Amount

- a. This assistance will be sourced from the members General Account (GA)
- b. The minimum and maximum withdrawal amounts are \$1000 and \$10,000.
- c. There is no Government top-up.

4. What documents do I need to provide?

a. Direct Assistance - Start Up

The member must provide the following:

- i. Completed Application Form_EWMB01
- ii. Birth Certificate (only if your last FNPF withdrawal was before November 2014).
- iii. Confirmation of unemployment or reduced hours/wage (letter from employer) for members affected by COVID-19 in the last six (6) months and have not applied for Phase 2 or 3.
- iv. Joint FNPF/FRCS ID Card or company TIN for registered companies
- v. For start-ups, complete projected income and expenses for the year 2021 or 2022 on the form
- vi. Certificate of Business Registration (for market vendors, taxi drivers or those where business registration is not given, these can include permits, approval from local authority, letter from town/city council, etc).
- vii. Documentary evidence of ownership for partnerships (company search to show member is owner of business). Not needed for sole ownership.
- viii. Member's/Business Account bank statement to show account is open and active.

b. Direct Assistance - Other business related needs

- i. Completed Application Form_EWMB01
- Birth Certificate (only if your last FNPF withdrawal was before November 2014).

- iii. Confirmation of unemployment or reduced hours/wage (letter from employer) for members affected by COVID-19 in the last six (6) months and have not applied for Phase 2 or 3.
- iv. Joint FNPF/FRCS ID Card or company TIN for registered companies
- v. Financial statement for the year 2019 or 2020 or total income and expenses or bank statement for 2019 or 2020.
- vi. Certificate of Business Registration (for market vendors, taxi drivers or those where business registration is not given, these can include permits, approval from local authority, letter from town/city council, etc)
- vii. Documentary evidence of ownership for partnership (company search - to show member is owner of business). Not needed for sole ownership.
- viii. Tax Registration for Registered Business where applicable.
- ix. Member's/Business Account bank statement to show account is open and active

c. Equity Contribution

- . Completed Application Form_EWMB01
- Birth Certificate (only if your last FNPF withdrawal was before November 2014).
- iii. Joint FNPF/FRCS ID Card or company TIN for registered companies
- iv. Bank Loan Offer Letter for small business
- Confirmation of unemployment or reduced hours/wage (letter from employer) for members affected by COVID-19 in the last six (6) months and have not applied for Phase 2 or 3.
- vi. business loan account statement for existing businesses.

5. How to lodge your application?

All application for:

- i. Start-Up & Other business related needs submit on myFNPF mobile
- ii. Equity Financing submit through your Bank/Lender.

6. Payment Mode

All approved applications will be paid via EFT to members or lender/financial institution nominated bank accounts.

7. Which Bank/Lender can I lodge with?

- ANZ Baroda BRED BSP HFC WBC Credit Corp
 - FDB Kontiki Finance Merchant Finance SPBD

8. Payment Disbursement

a. Start-Up & Other business related needs

- Withdrawals of two thousand dollars and below (\$2,000.00) will be paid in one lump sum.
- . All withdrawals above \$2,000.00 will be paid in two equal instalment
- The balance to be paid once receipts are returned showing proper use of funds.

b. Equity Financing

i. Single Payment or 100% payable to the licensed financial institution/lender on members behalf.

Please note that incomplete applications will not be accepted for processing.

SECTION A – MEMBER D	ETAILS				
1. FNPF ID:	2. TIN No:				
3. Full Name (as on Birth Certificate):					
Married Name:	6. Date of Birth	4. Gender: F M M (DD/MM/YY): / / / / / / / / / / / / / / / / / / /			
7. Employer Status: Self Employe	ed Unemployed Reduced hours 8	3. Occupation:			
9. Phone Contact: Home b) Work c) Mobile					
10. Email:	11. a) Postal Ad	ddress:			
b) Residential Address:					
12. Preferred Communication -	Mobile Email Postal				
INDEMNITY – the Fund will not be li	iable for disclosure of information on any	of the preferred communication medium.			
SECTION B - MICRO-BUS	INESS ASSISTANCE & REQUES	T AMOUNT			
1. Assistance for: (Select one only) i.	Start-up Direct Other business related needs	i. Equity Contribution			
2. Amount Requested: \$		Lender Name:			
SECTION C - PAYMENT D	ETAILS				
1. Bank Name:					
2. Account Name:					
3. Account Number:		4. Reference #:			
SECTION D - BUSINESS I	DETAILS	(Please include lender reference/loan account no.)			
1. Business Name:					
2. Business Structure: Sole	e Trader Partnership Company	Cooperative (Print X where applicable)			
3. Business Address:	4. Business	Registration #:			
5. Business TIN #	6. Business	Registration Date			
7. Briefly describe your business:					
8 . Please provide details of how the	funds will be used e.g. purchase of materials,	equipment's, utensils, and etc.			
Purpose	Particulars	Amount			
Purchase of materials					
Business administration fees					
Business Loans					
Others					
Total					

	Last Year (\$)	Current Year (\$)	Forecast Year 1 (\$)	Forecast Year 2 (\$)
ncome				
Total Income (A)				
Less Expenses				
Less Expenses				
Total Expenses (B)				
Net Profit Before Tax (A-B)				
Tax Paid				
Net Profit After Tax				

SECTION F - Indemnity, Payment and Declaration Authority

I hereby declare that:

- a) I have read, understood and completed the form and all information provided herein are true and correct;
- b) I hereby indemnify the FNPF Board from any liability whatsoever, including any loss of benefits that may arise from the approval of this application;
- c) my application is subject to the provisions in the FNPF Act 2011 and all such rules or guidelines that may be applied from time to time;
- d) any misuse of funds may result in prosecution and the Fund reserves the right to cease further withdrawals;
- e) I am responsible for the confidentiality of information received through my preferred communication medium;
- f) I hereby indemnify the Fund from any liability whatsoever, including the loss of privileged information, received through the preferred communication medium.

	Signature of Member (As in FNPF Records)	Date:
	Signature of Witness:	Phone contact:
Left thumb print of Member	Name of Witness:	

Facsimile: (679) 3343 670

Nausori Branch Lot 1. Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031