

PARTIAL WITHDRAWAL FORM FOR MINOR NOMINEES

[Pursuant to section 57 of the Fiji National Provident Fund Decree 2011]

In the High Court of Fiji
At Suva
FNPF Jurisdiction

FNPF No: _____
 HBPM: _____

Important Note for Applicant:

- i. Please type or print clearly;
- ii. Originals of all documents required by this Form are to be submitted with Quotation.
- iii. Completed forms must be filed at the High Court Civil Registry together with a Filing Fee of \$5.45

PARTICULARS OF DECEASED

Name of deceased:				
Date of Death:				
Marital Status of Deceased: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Defacto				

PARTICULARS OF APPLICANT/GUARDIAN

Full Name:	
Residential Address:	
Date of Birth:	
Occupation:	Phone Number:
Annual Income:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Defacto	
Relationship with the Minor:	
Relationship with the Deceased:	

PARTICULARS OF MINOR

Full Name:	
Residential Address:	
Date of Birth:	Age:
Relationship with the Deceased:	
School and Class :	

Details for Partial Withdrawal:

(Purchase of:)	Amount:	Suppliers :
TOTAL		

- 6. I agree that the amount be paid to the supplier directly will be utilized only to purchase items stated/for the purpose stated in this application for Minor and I undertake to provide the original receipts of all purchases made in accordance with the quotation attached within 21 days.

SWORN by the said _____ this _____ day of _____)
 _____ 2015, at _____ after the contents hereof were)
 explained to him/her in the _____ language and he/she)
 appeared fully to understand the meaning and effect thereof.)

}
Applicant/ Guardian

.....

COMMISSIONER OF OATH

Certificate of Identification of Applicant

I, _____ [name of Identifier] _____ of _____ [Residential
 address] _____, _____ [Occupation] _____, hereby confirm that
 the passport photograph attached to this Application Form bearing my signature at the
 back of the said photograph is the true likeness of the Applicant, _____
 _____ [name of Applicant] _____, and who has been properly identified by me as the
 _____ [Relationship] _____ of the Deceased. I also confirm that I have thoroughly
 checked the contents of the form and that the Applicant fully understands the actual
 meaning of the form and has signed the form before me.

Signed by the said _____ [name of Identifier] _____ of _____
 _____ [Residential address] _____, _____ [Occupation] _____ this _____
 _____ day of _____ 20____.

Official Use Only

Amount of money remaining with High Court on [Date] _____ for the benefit of
 Minor..... [Name] is \$..... [Amount]

.....
 Manager Finance or Delegated Officer