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 No: _____
FNPF Jurisdiction HBPM: _____

Important Note for Applicant:

i. Please type or print clearly;
ii. Originals of all documents required by this Form are to be submitted;
iii. Completed forms must be filed at the High Court Civil Registry together with a Filing Fee of $5.65

PARTICULARS OF DECEASED

In the Matter of:	
Usual Place of Residence of Deceased:	
Amount deposited into court:	
Date of death:	Date of receipt of FNPF Letter:
Marital Status of Deceased: ☐ Single ☐ Married ☐ Divorced	

PARTICULARS OF MINOR

Full Name:	
Residential Address:	
Date of Birth:	Age:
Relationship with the Deceased:	
Occupation :[	
Mobile: Home:	

PARTICULARS OF APPLICANT/GUARDIAN

Full Name:	
Residential Address:	
Date of Birth:	Occupation:
Marital Status: Sing☐ Marrie☐ D☐ced	
Relationship with the Minor:	
Relationship with the Deceased:	
Details for Partial Withdrawal:	

(Purchase of:)	*Amount:*	*Suppliers :*
TOTAL		

Affidavit of the Applicant/Guardian.

I ___name of the applicant___ of ____Residential address__, ____occupation__ and ____relationship with the minor___of minor make oath and say as follows:

1. I am the applicant/guardian in this matter and make this affidavit from facts within my knowledge.

2. I have received a letter from Fiji National Provident Fund dated _____ informing me that the minor beneficiary namely _____ has been nominated by the deceased namely _____to receive his/her contribution in the sum of $_____. This money has been paid into the High Court of Fiji. Attached hereto is the original letter from Fiji National Provident Fund.

3. The deceased died on _____. Attached hereto is the original death certificate.

4. Attached hereto is the original birth certificate of the minor beneficiary who has not attained the age of 18 years.

5. Attached hereto is my original birth certificate.

6. I would like to purchase the following items for the benefit of the minor beneficiary as follows:

Items	Amount ($)	Supplier

(Attach hereto are the original quotations.)

7. I agree that the amount be paid to the supplier directly 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____.

DOCUMENTS TO BE SUBMITTED WITH THE AFFIDAVIT

FNPF Letter	
Death Certificate of Deceased	
Birth Certificate of Minor	
Birth Certificate of Deceased	
Quotation/(s)	
Certified Passport Size Photo (*Applicant*)- *to be submitted once only*	