(1) DOCUMENTS SUBMITTED

FNPF Letter	
Death Certificate of Deceased (Mandatory)	
If married Marriage Certificate of Deceased (Mandatory)	
Birth Certificate of Deceased	
Birth Certificate of Applicant/Children	
Divorce Order (if applicable)	
If not married Death/ Birth Certificate of Parents of Deceased (Mandatory)	
Death/Birth Certificate of Siblings of Deceased	
Passport Size Photo of Applicant certified	
Identification forms for Beneficiaries	
T.I.N Letter/Joint Card	
Current Bank Statement	
Front copy of passport and visa status [if non-Fiji Citizen]	
• ***This form is to be witnessed by commissioner for oaths only*** • ***All original documents to be submitted***	

(2) OFFICE USE ONLY – VERIFICATION PROCESS

Checked By : _____ Signed : _____Date: _____Time: _____

☐ **APPLICATION IN ORDER** ☐ **INCOMPLETE**
[go to (5) below]

Returned the Application to Applicant for following reasons:
If application is not in order reasons for that needs to be supplied, below clearly.

_____

1. _____

2. _____

3. _____

(3) Returned incomplete Application ……
Signature O/C FNPF

(4) Returned incomplete Application .....(Date)……..(Time)……
Signature of Applicant

(5) Completed Application received on ……(Date)……..(Time)……..

……..
O/C – FNPF
HBP/HBM NO: _____Date:_____Time:_____Verified By:_____
(Revenue Collector)
Submitted to Judge/Master Date:_____Time:_____

APPLICATION FOR FNPF DISTRIBUTION

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

In the High Court of Fiji
At Suva
FNPF Jurisdiction

Case No:_____

Instructions for completing this Form:

i. Please type or print clearly;
ii. Originals of all documents required by this Form are to be submitted;
iii. Beneficiaries other than the Applicant must complete separate Identification Certificates and attach to this form.
iv. Completed forms must be filed at the High Court Civil Registry together with a Filing Fee of $5.65 [Tender Correct change]

Part A: About the Deceased

Full Name:			
Usual Place of Residence of Deceased:			
FNPF Number:	Date of Death:		
FNPF Amount:	Date of receipt of FNPF Letter:		
Marital Status of Deceased: Single ☐ Married ☐ Divorced ☐ Widow/er ☐			
If Married/Divorced/Widow/Widower			
i. Name of wife			
ii. Number of Children ☐ Living ☐ Dead (Including children from previous marriage/de facto relationship/s			
iii. If there are dead children, give details			
Name of Dead Child	Age at the time of death	Married or Single	*Number of Children
i.			
ii.			
iii.			
*Give details of Children Names & Ages in a separate sheet.			
Names of Parents of Deceased FNPF Member			
Father:			
Mother:			
Number of Siblings of the Deceased FNPF Member ☐ Living ☐ Dead			
Give details of Dead Siblings.			
Name:	Age at the time of death	Married or Single	If Married number of Children*
i.			
ii.			
iii.			
*Give Details of Children Names in a separate sheet.			

Part B: About the Applicant		
Full Name:		
Residential Address:		
Date of Birth	T.I.N:	Date of marriage:
Work Phone	Home:	Mobile:
Marital Status of Applicant: Single ☐ Married ☐ Divorced ☐		
Bank:	Account No:	
Relationship with the Deceased:		Occupation:
Thumb print of Applicant:		Recent Passport Size Photo: *[to be signed at the back by identifier*

Part C: OATH OF AFFIRMATION

I, _____[name of Applicant]_____ of _____[Residential address]_____ , _____[Occupation]___ , make oath and say as follows:-

1. That the original certificates attached to this Form are true to the best of my knowledge and belief.
2. That I further affirm before the Honorable Court that there is no misrepresentation made in the within Form that would enable wrongful disbursement of the FNPF fund.
3. That I understand that I am under oath and that any misrepresentation would make me liable for prosecution.
4. That any non material disclosure or false declaration would in addition to criminal prosecution, result in the money distributed, being returned to the High Court to be distributed according to Law.

Sworn by the said _____ this _____ day of _____ 20____ , 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.

_____
Signature of Applicant

_____
Commissioner for Oaths

Part D: STATUTORY DECLARATION

I, _____[name of Applicant]_____ of _____[Residential address]_____, _____[Occupation]___, hereby solemnly and sincerely declare that the information and particulars provided in support of this Application for FNPF Distribution are true and correct.

And I make this declaration believing the same to be true and by virtue of the Statutory Declarations Act.

Sworn by the said _____ this _____ day of _____ 20____, 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.

_____
Signature of Applicant

_____
Commissioner for Oaths

Part E: 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____.

_____

Commissioner for Oaths

PART F: Declaration in terms of Act 6 of 2018 regarding De Facto Relationships

1. The relationship of the applicant with the deceased._____
2. How long the deceased was known before his death._____
3. Deceased was
   a. Married ☐ Not Married ☐ Divorced ☐
4. Deceased was having or had de facto partnership
   Yes ☐ No ☐
   i) If yes, number of years of de facto partnership/and name of De facto Partner
   _____

   (De facto relationship between man and woman who are at least 18 years of age and, although not legally married to each other, have lived with each other as spouse and genuine domestic basis for
   a) A period more than 3 years
   Or
   If the period is less than 3 years
   i) Relationship has resulted in birth or adoption of child
   ii) Consider it just to treat the relationship as de facto in terms of Family Law Act 2003.)

5. If the de facto relationship is less than 3 years
   i) Duration of relationship - _____ years _____ months
   ii) Had any children - Yes ☐ No ☐
   If yes - number of children _____
   Date of Birth _____
   Care and support for children_____
   iii) Residence _____
   iv) Relationship _____
   v) Degree of financial dependence _____
   vi) Ownership acquisition of prospects _____
   vii) Performance of household duties _____
   viii) Public aspects of relationship _____

I _____ being _____ of the deceased state to my knowledge Deceased did/did not have a de facto relationship explained above.

The above information is true and correct to my knowledge.

Sworn by the said _____
this _____ day of _____ 20____ ,
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.

_____
Signature of Applicant

_____
Commissioner for Oaths

STATUTORY DECLARATION

I, _____ [name of applicant]_____of_____ [Residential address]___ _____, _____ [Occupation] _____, hereby solemnly and sincerely declare that

_____

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Sworn by the said _____ this_____day of _____20_____, at _____after the contents hereof were explained to him/her in the_____ language and he/she appeared fully to understand the meaning and effect hereof.

_____
Signature of Applicant

_____
Commissioner for Oaths