

FIJI NATIONAL PROVIDENT FUND



WARNING: It is an offence, if any person, for any purpose connected with the FNPF Decree and Tax Administration Decree:

- (i) Knowingly makes any false statements or
- (ii) Produces or furnishes or causes or knowingly provide any document which he or she knows to be false in material particular.

JOINT CARD REGISTRATION FORM

- For first issue, provide your FNPF Member ID card, and an original or certified copy of full extract Birth Certificate or Marriage Certificate if you are using or wish to use your married name.
- Provide any other form of photo Identification if you DO NOT have an FNPF Member ID card (e.g. Passport/Driving License/EVR card).
- Please pay fee only if you are applying for a replacement joint ID card at any FNPF or FRCA office and attach receipt.
- Please refer overleaf for instructions on filling the form.
- Use BLOCK LETTERS.

Approving Officer

	Identification] - [Г	П			<u></u> .		72.	FΝ	IPF								3.	Bir	th _. F	Reg							\Box	\neg	
Number: Number																															
4. Applicant Name:																															
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. ,	Other Names:		Ш	\square	\dashv	_	_		_	_	_			_	_	4	4	4	4									\square	\square	\dashv	_
4(c). Surname:																															
4(d). Married Name: (Optional and for married woman)																															
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5. Fath	ner's Name: (Mother	's Name	e if Fa	ather'	s Na	me is i	not or	n the	Birth	Cer	tifica	ate)			_	_									_				$\overline{}$	_	\neg
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6. Date of Birth: (dd/mm/yyyy) 7. Gender: (1) 8. Marital Status: (1) 9. MC Reg Number: 10. Usual Occupation:											1:	_																			
11. Hc	11. Home Address: 12. Postal Address: 13. Phone and Other Contact Details:																														
	Phone (Home):													-																	
	Phone (Work): Mobile:																														
	Email:																														
14. Card Details: (place a tick in one of the boxes below) 1st Issue Renewal Replacement card Reason for replacement:																															
15.	15. 16. Applicant's Signature:																														
	Witness' Signature: Date: Name of Witness:											1x passport sized photo duly certified by a JP,																			
				ivai	me	OT VV	itnes	ss:_																		1					aths,
				Title	e of	Witn	ess:																			1 -				CA/F	
	The following are authorised to witness the applicant's signature: Customer Service Counter Officer																														
							Emp	loye	r, FR	CA/	FNF	F C	usto	mer	Serv	ice (Cou	nter	Offi	cers	s, JF	P/DC)/								
	Left thumboriet of Applicant																														
18. CORRECTION/CHANGE IN APPLICANT DETAILS																															
This section of the form must be completed whenever a change or correction is required for the existing records kept in the FRCA/FNPF																															
system, such as Applicant's Name, incorrect Date of Birth and/or old Signature. The records, as they are on the FRCA/FNPF system																															
should be filled in below where applicable, to be changed to detail filled in above Card Request form particulars for the applicant.																															
	Name:	Г	Ť		\top		\top	\top		Т	Т	Т	Т	Т	Т	Т	Т	Т	Ť	Т	Τ	Ť	T	Т	Т	T	\top	T	\top	Т	
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	Vetting Officer																														

INSTRUCTIONS FOR COMPLETING A 'JOINT CARD REQUEST FORM'

General Information

A person must have a Tax Identification Number and an FNPF Number before completing this form. Complete the form in black or blue pen.

PRINT clearly with **BLOCK** letters and provide relevant information in the boxes provided. If an item is not applicable write "N/A" in the box.

- 1. Write the valid Tax Identification Number (TIN) issued by FRCA.
- 2. Write the valid FNPF membership number issued by FNPF.
- 3. Write the Birth Registration Number given in the box on the upper right hand corner of the Birth Certificate. (Do not complete this Box if you have a foreign birth certificate).
- 4. Write the name(s) as shown on your Birth Certificate:
 - 4(a). First name.
 - 4(b) Other names.
 - 4(c). Last Name/Surname.
 - 4(d). If you are a married woman and opt to use your marriage name, write the marriage name as on the Marriage Certificate.
- 5. Write your Father's Name as shown on the Birth Certificate. If the Father's name is not given, write your Mother's name as per Birth Certificate.
- 6. Write your date of birth from the Birth Certificate in the format (dd/mm/yyyy).
- 7. Tick either (M) for male or (F) for female.
- 8. Tick either (M) for married or (S) for single.
- 9. Write your Marriage Certificate Registration Number (applicable to married women only if you choose to use your marriage name).
- 10. Write your usual and current occupation.
- 11. Write your current home address.
- 12. Write your current postal address which you use to collect your mails.
- 13. Write your Home and Work Phone Contacts together with your mobile contact and email address in the spaces provided.
- 14. Tick in one of the boxes the type of card that you are requesting. Indicate your reason if you are requesting for a replacement card.

A fee will be charged if you are applying for a replacement card.

15. Place your Left Thumbprint with your Signature in the space provided.

These should be witnessed either by your Employer, FRCA/FNPF Customer Service Counter Officers, Justice of Peace, District Officers or Commissioner for Oaths.

- 16. The witnessing officer to the applicant's left thumbprint and signature should put his/her Signature, Title and Date in the spaces provided.
- 17. If you **DO NOT** have any other form of photo Identification or cannot come to any FRCA/FNPF Customer Services Office in person, a **certified passport size photo with WHITE BACKGROUND** is necessary. All passport sized photos must meet the specification set by FNPF & FRCA and be certified by one of the following persons: FRCA/FNPF Customer Service Counter Officers, Justice of Peace, District Officers or Commissioner for Oaths.
- 18. Any changes made to the name, father's/mother's name, DOB and/or signature must be signed off by the applicant.

What to do with the completed form?

Take the completed form with the required documents to any FRCA/FNPF Customer Services Centre near you. The counter officers will be there to assist if you need help in completing this form.

FOR OFFICIAL USE ONLY												
This section of the form is to be completed by officers authorised to perform the functions clearly outlined in the Joint ID Card Procedure Manual. All details checked must be verified against information extracted from the FRCA/FNPF System Records.												
Signature Verified		Name	Signature	Date								
Photo Validated/Captured	Vetting Officer											
Fee Paid	Approving Officer											
☐ Documents Filed☐ Card Printed☐	Issuing Officer											
Card Issued												
☐ JID Form filed												
Receipt No.:												
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