



FIJI PUBLIC SERVICE ASSOCIATION
Paternity Allowance Claim

1. Name of applicant: 2. EDP/EMP No:
3. Ministry: 4. Station:
5. Post Held:
6. Postal Address:
7. Residential Address:
8. Telephone No. Office: Residence:
9. Employment history in order of posting Ministry/Dept. for the past 24 months:
.....
10. Date joined service: 11. Date joined union:
12. I have attached an original/certified copy of my marriage certificate.
13. I have attached an original/certified copy of my spouse medical certificate.
14. Bank Name..... Bank Acct No.....
Bank Acct Name

I declare that the particulars given above are true and correct.

Signature of claimant: **Date:**

Witness: **Designation:**

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15. Was applicant a member of FPSA continuously for the immediate twelve months proceeding this application
16. If answer to 15 above is NO then how long was applicant/spouse a continuous member of FPSA. State month and year from which membership began:
.....
17. Does Claimant qualify for payment? Yes/No:
18. Verified with Personnel Officer (Yes/No):

I certify that I have personally checked and entered the particulars at 15-18 above and that the claimant is entitled to the payments as claimed.

Signature: Designation: Date: