



FIJI PUBLIC SERVICE ASSOCIATION

Retirement/Resignation Benefit

Application Form

1. Name of Member
2. EDP/EMP No:.....
3. Ministry/Depart.....`
4. Station
5. Post Held
6. Date of Birth.....
7. Postal Address
8. Residential Address.....
9. Telephone No. Office..... Residence PH:
10. Date Joined service
11. Date Joined Union.....
12. Date retired /resigned from service
13. Employment History in order of posting to Ministry/Department
 - (i)
 - (ii)
 - (iii)
14. I have attached a copy of compulsory retirement/resignation letter from the employer.
15. I have attached a letter from the Employer certifying the date which my subscription has been continuously deducted towards FPSA.
16. I have returned the FPSA Medical ID card.
17. Bank..... Bank Acct Name
- Bank Acct No

I declare that I have been a continuous member of the Fiji Public Service Association for the past five years, prior to the date of my retirement/resignation/redundancy/non-renewal of contract. I understand the notes and question in this form and the information given is true and completed.

.....
(Date)

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(Signature)