



FIJI PUBLIC SERVICE ASSOCIATION
Maternity Allowance Claim

- 1. Name of member: 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:
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10. Date member joined service: 11. Date joined union:
12. I have attached a original/certified copy of medical certificate
13. I have attached a copy of maternity leave letter from the employer.
14. Bank Name..... Bank Acct No.....
Bank Acct Name

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

Signature of member: Date:

Witness: Designation:

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15. Was claimant a member of FPSC continuously for the immediate twelve months
proceeding this application

16. If answer to 15 above is NO then how long was member a continuous member
of FPSC.

State month and year from which membership began:

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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: