



FIJI TEACHERS' UNION

MUTUAL AID BENEFIT SCHEME – [ID CARD FORM]

1-3 Berry Road P O Box 2203, Government Buildings Suva.

Phone : (679) 33 14099 / (679) 33 14668 Fax: (679) 33 05962

Email : ftu@connect.com.fj

PERSONNEL DATA

Title : (Mr/Mrs/Miss) Name :

Date of Birth:/...../.....

TPF/EDP No.:

FNPF No.:

Position:

School:

Postal Address:

.....

Date Joined Service:/...../.....

Date Joined Union:/...../.....

Residential Address:

Phone (Office):

.....

Phone (Resident):

SPOUSE DATA

Full Name of Spouse:

Date of Birth:/...../.....

TPF/EDP No.:

FNPF No.:

Occupation:

Employer:

Name of Union (if any):

Date Joined Service:/...../.....

Date of Marriage:/...../.....

Marriage Cert. No.:

NOTE: Authorized children when seeking private practitioner service must be accompanied by the MEMBER.

Please attach - **2** **Passport size photos of self**
- **2** **Passport size photos of spouse;**

Copies - **Birth Certificate**
- **Marriage Certificate**
- **Children's Birth Certificates**

An identify card will be issued after receipt of this form with requested attachments.

LOST ID CARD FINE: \$5.00

CHILDRENS DATA [Only unmarried children under 21 years]

No.	Name	Gender	Date of Birth	Birth Certificate

Signature Date ____/____/____

FOR OFFICIAL USE ONLY:

Membership verified by Clerical Officer:

Remarks: _____

ID Card No.