



The Child Our Hope

FIJI TEACHERS' UNION RETIREMENT BENEFIT CLAIM 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

Name:.....TPF No:.....

School:.....

Postal Address:.....

Phone/Mob:.....

Teaching Since.....

Date of Birth:.....

(PLEASE TICK)

| | |
|--------------------------|--------------------------|
| Retirement | Resignation |
| <input type="checkbox"/> | <input type="checkbox"/> |

Year Joined Union:.....

(PLEASE TICK)

Mode of Payment

| | |
|--------------------------|--------------------------|
| CTCL | CASH |
| <input type="checkbox"/> | <input type="checkbox"/> |

In Year 1992

State if you would like your cheque to be:

i) Posted -Postal Address.....

.....

.....

ii) Deposited -

| | |
|----------------------|-----------------------|
| BANK | ACCOUNT NUMBER |
| <input type="text"/> | <input type="text"/> |

Please return your MABS ID:.....

Signature:.....

Date:.....

Note:

i) Please attach Ministry of Educations' Retirement/Resignation letter. (COMPULSORY)

ii) To be an honorary member, applicable to only those retiring at the age of 55. You should lodge your application within SIX weeks with the membership due of \$96.00.

Union services

Position at the Branch

Position at National Election

{List overleaf if necessary}

| Branch | Year | Position |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

FOR OFFICIAL USE ONLY- Membership Officer

Has the retiring member been continuously subscribing to the union for the immediate twelve months preceding the date of retirement?

State the month and year from which continuous membership has been checked.
