



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/Digital Photo |
| | - | 2 | Passport size photos of spouse/Digital Photo |
| 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: \$10.00

CHILDRENS DATA [Only unmarried children under 21 years]

No.	Name	Gender	Date of Birth	Birth Certificate

_____ Date ____/____/____
Signature

FOR OFFICIAL USE ONLY:

Membership verified by Cards Officer:

Remarks: _____

ID Card No.