



# FIJI TEACHERS UNION

(The Child Our Hope)

1-3 Berry Road

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## MUTUAL AID BENEFIT SCHEME – [ID CARD FORM]

### PERSONAL DATA

Title: (Mr./Mrs./Miss) Name: .....

Date of Birth: .....

TPF/EDP No.:

FNPF No

Position: .....

School: .....

Postal Address: .....

School Contact : .....

Residential Address: .....

Date Joined Service: .....

.....

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

Phone (Mobile): .....

Email Address: .....

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		<u>Birth Certificate Marriage Certificate</u> <u>Children's Birth Certificates</u>

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 25 years]**

No.	Name	Gender	Date of Birth	Birth Certificate

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

Membership verified by Cards Officer: .....

ID Card No

Remarks: \_\_\_\_\_