



# Fiji Bank & Finance Sector Employees Union

P.O.Box 853, 14 Macgregor Street, Suva, Fiji.  
Email: info@fbfseu.org.fj

Phone: (679) 3301827  
Website: www.fbfseu.org.fj

## MEMBERSHIP APPLICATION/DEDUCTION OF SUBSCRIPTION AUTHORISATION FORM

The National Secretary  
Fiji Bank & Finance Sector Employees Union  
P.O.Box 853  
SUVA

(Union Copy)

Dear Sir

I \_\_\_\_\_ an employee of \_\_\_\_\_ (organization) \_\_\_\_\_ (branch) do hereby apply for membership in the Fiji Bank & Finance Sector Employees Union with effect from \_\_\_\_\_. I am aware that the FB&FSEU is a registered Trade Union. I undertake to abide by the Constitution and Rules and decisions of the FB&FSEU.

By copy of this letter I am authorizing my employer to deduct from my salary a sum of \$6.00 (salary staff) / 3.00 (part-time) / 1.50 (weekly paid) per pay day commencing from the first pay period after the date of this Authority being my Union dues and pay the amount so deducted on my behalf to the FB&FSEU. I confirm that I am not a member of any other trade union and I revoke unequivocally any other union membership authority form signed by me previous to the date shown on this application form.

I authorize my employer to release any information concerning my employment to the National Secretary whenever requested by him.

\_\_\_\_\_  
(Date) (Signature of applicant) Email Address Work Email Address Personal Employee ID TIN

\_\_\_\_\_  
(Referred By – Name) (Name of Witness) (Signature of Witness)



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The National Secretary  
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SUVA

(Employer Copy)

Dear Sir

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\_\_\_\_\_  
(Date) (Signature of applicant) Employee ID (Name of Witness) (Signature of Witness)

Name : Mr / Mrs / Miss : \_\_\_\_\_  
(as per birth certificate)

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ FNPF No : \_\_\_\_\_

TIN : \_\_\_\_\_

Position : \_\_\_\_\_ Engagement : \_\_\_\_\_

(Part Time or Permanent)

Dept/Location : \_\_\_\_\_

Subs Frequency : \$6.00 (salary staff) / 3.00 (part-time) / 1.50 (weekly paid)

Contact (Work) : \_\_\_\_\_ Contact (Home) : \_\_\_\_\_ Contact (Mobile): \_\_\_\_\_

Work E-Mail : \_\_\_\_\_ Personal email: \_\_\_\_\_

Current Empl : \_\_\_\_\_ EMP ID : \_\_\_\_\_  
(Date of joining)

**Spouse Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Dependents**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Details for Next of Kin (Name)** \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Mobile contact: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

**Death Benefit Nominee/Beneficiary**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Office Use**

1. Date of Receipt by the Union office: \_\_\_\_\_ Initial of Receiving Officer: \_\_\_\_\_

2. Date of Authority Sent to Employer: \_\_\_\_\_

3. Deduction Commencement Date by Employer: \_\_\_\_\_

4. Payment Details to the Recruiting Member: \_\_\_\_\_

5. Signature of National Secretary: \_\_\_\_\_ Approved / Not Approved

6. Payment Details to the Recruiting Member: \_\_\_\_\_  
\_\_\_\_\_