



FINANCE SECTOR UNION

Thrift and Credit Co-Operative Society Limited

P O Box 853, 40 Disraeli Road, Suva

Phone: 3301827 Email: info@fbfseu.org.fj

The Secretary
FSU Thrift and Credit Co-operative Limited
P O Box 853
Suva

Date: _____

Dear Sir

I hereby apply to register as a member of FSUTACCL and agree to abide by its rules and by-laws as amended from time to time. A sum of five dollars (\$5) as my entrance fee can be taken from my first deduction.

NAME: _____ D/B: _____ EMPLOYER: _____

BRANCH: _____ PHONE (Home): _____ (Work): _____

(Mobile: _____)

POSTAL ADDRESS: _____ RESIDENTIAL ADDRESS: _____

EMAIL (Work): _____ (Personal): _____

FNPF NO: _____ EMPLOYMENT ID: _____

TIN: _____

Employment status: PT Permanent Contract Service Worker
Deduction Frequency: Fortnightly Weekly Monthly

Date Joined Employment: _____ Date joined Union: _____

TOTAL No. OF SHARE THAT YOU WOULD LIKE TO BUY PER FORTNIGHT (in multiples of \$10: _____)

NOTE: THE MINIMUM SHARES THAT ONE CAN BUY IS OF \$10.00 FORTNIGHTLY.

NEXT OF KINS

NAME: _____ ADDRESS: _____ MOBILE: _____

NAME: _____ ADDRESS: _____ MOBILE: _____

NAME: _____ ADDRESS: _____ MOBILE: _____

BENEFICIARIES IF ANY

NAME: _____ %: _____ ADDRESS: _____ MOBILE: _____

NAME: _____ %: _____ ADDRESS: _____ MOBILE: _____

NAME: _____ %: _____ ADDRESS: _____ MOBILE: _____

SIGNATURE: _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____ MOBILE: _____