



Fiji Bank & Finance Sector Employees Union

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NATIONAL SPORTING DUTIES BENEFIT APPLICATION FORM

Claim Made By:	Name: Date of Birth: Mobile Contact: Date of Application:
Employer:	
Bank Account Details:	Name of Bank: Name of Account: Account Number:

FOR OFFICE USE ONLY

Benefit Amount:	
Pre-qualification requirement submitted	Letter from National Sports Federation ID (Voter ID/Driving License) of Benefit Recipient
National Sporting Duties Benefit Budget As at	National Sporting Duties Benefit Budget per year: National Sporting Duties Benefit Current balance: Payment amount: Remaining Balance:
Prepared By: Date:	Checked By: Date:
<i>Approval is at the discretion of the FBFSEU National Secretary upon recommendation of the Administration Secretariat in accordance with the policy guideline.</i>	
FBFSEU National Secretary Comments & Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Decline Comments Signature: Date: