



Fiji Bank & Finance Sector Employees Union

P.O.Box 853, 40 Disraeli Road, 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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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: _____
