P O BOX 2276, GOVT BLDGS, SUVA, FIJI

Phone: 3302333 Fax: 3302339 e-mail: infor@fptcl.com.fj



BENEFICIARY'S IDENTIFICATION FORM - FORM A

[TO CERTIFY BY A PERSON PERSONALLY KNOWN THE BENEFICIARY]

Attach a recent Passport photograph certified by the certifier viz: "I certify this photograph to be the true likeness of"

| IN TH | E ESTAT | <u>ΓΕ/FNPF OF</u> | | (f/n) | | (deceased) | |
|---------------------------------------|---|---|-----------------|---------------|----------|----------------------------|--|
| TRUS | T ACCO | <u>UNT OF</u> | | | | | |
| 1. | Name | | | | | | |
| 2. | Address | S | | | | | |
| 3. | Phone C | Contact: | Mobile Number | r: 1 | E-mail | ····· | |
| 4. | Male/Fe | emale | | | | | |
| 5. | Date of | Birth | | | | | |
| 6. | Marital | Status | | | | | |
| 7. | Beneficiary Relationship with Deceased. | | | | | | |
| 8. | Beneficiary's Signature/Thumb Print. | | | | | Beneficiary's Left Thumb | |
| PART B: (CERTIFIER AND BENEFICIARY) | | | | | | Impression | |
| IAKI | ь (се | KIII ILK AND | DENEFICIARI) | | | | |
| | | | CERTIFIC | <u>CATION</u> | L | | |
| I, | | | | hereby cert | tify tha | at the Passport photograph | |
| attached is the true likeness of | | | | | | who has been known to | |
| me formonths/years as the | | | | e | | of the deceased. | |
| SignatureDate | | | | | | | |
| Resd/ | Postal Ad | ldress | | | | | |
| Relationship with BeneficiaryPhone No | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | • | | | • | | | |
| Name | | | Address | | | | |
| Phone | Contact. | | E-ma | il Contact | | | |
| Note: | 2. 3. | Witness who must certify the Passport photograph to be the true likeness of the beneficiary. To be certified by any of the following: family members, relatives, family friends, work mates, neighbours, village leaders, religious leaders, community leaders or others who personally known to the beneficiary. To be witnessed by any of the following: A Lawyer, Commissioner for Oaths (Notary Public), District Officers, Senior Civil Servants, Religious Leaders, Company Executives, Managers. | | | | | |
| | 4. | | | | | | |

personally known to the beneficiary to be provided (over 18 years).

House Visit – interviews, photos (if any)

5.

THE FIJI PUBLIC TRUSTEE CORPORATION LIMITED P O BOX 2276, GOVERNMENT BUILDINGS, SUVA, FIJI ISLAND LEVEL 1, LICI BUILDING BUTT STREET, SUVA PHONE: 3315990/3302333

FAX: 3302339

LIST OF REQUIREMENTS FOR FULL SETTLEMENT

- 1. One Recent Passport size photo certified by District Officer or Solicitor the Passport photo has to be less than 3 months old.
- 2. Completed Beneficiary I.D form certified by District Officer or Solicitor.
- 3. One other Valid photo I.D with Signature.
- 4. Certified copy of Birth certificate
- 5. If married Certified copy of marriage certificate
- 6. All above documents should be certified by a single District Officer or Commissioner for Oaths having his/her official stamp or seal affixed.

IF BENEFICIARY DOES NOT HAVE ANY OTHER I.D

- 7. Statutory Declaration by the beneficiary declaring himself/herself to be the rightful person.
- 8. Statutory Declaration by a Relative or Employer of the beneficiary declaring him/her to be the rightful person.
- 9. The person declaring should enclose a certified copy of his/her official Identification.
- 10.All declaration forms should be witnessed by a District Officer or Commissioner for Oaths with official stamp or seal affixed.