

**APPLICATION FOR PAYMENT
FROM TRUST FUND ACCOUNT**



Fiji Public Trustee Corporation Limited
Level 1, LICI Building,
Suva.

Date:

File No#

Re: **Estate of** _____

Trust Fund Account of _____

I, _____, the undersigned being the lawful
widow/widower/parent/guardian/beneficiary of _____ the above-named hereby apply for
payment in the sum of \$_____ (in words) _____
being for _____

VERIFICATION:

(For office use only)

Applicants Signature

.....

Applicants Postal / Residential Address

.....

.....

Court Order/LA/Probate

Residential Address

Birth Certificate

Letter from School

Supporting Documents

ID Checked / Verified

Signature Verified

Receipts for previous claims received

Statement of account received

Statutory Declaration of Applicant

Phone Contact: Mobile: Verified by:

E-mail address: Checked by

NOTE: THERE WILL BE NO CASH PAYMENTS

(For Office Use Only)

Account Number:

Account Name:

Principal Value:

Current Balance:

Threshold Value:

Available/Allowable Balance:

Account Balance Verified By:

Account Balance Confirmed By:

Recommendation:
.....
.....
.....

Signature:

**Manager Trust & Estates
Comments:**

.....
.....
.....

Signature:

Date:

CEO Comments:

.....
.....

Approved / Declined

Signature & Date :

	Initial	Date
Payment Voucher No.		
Beneficiary Identified & Cheque No.		
Accounts updated and fees collected		
System updated & file locked in Registry		