



FIJIAN TEACHERS ASSOCIATION COOPERATIVE THRIFT LIMITED

Chairman: Mr Iosefo Volau Secretary: Mr Meli Yabakivou



FTACTL

HEAD OFFICE
68 Knolly Street
PO Box 14464
Suva
Fiji

FTACTL SHARE CLAIM FORM

1. ACCOUNT DETAILS

NAME: _____ TPF: _____

SCHOOL ADDRESS: _____ PHONE: _____

RESIDENTIAL ADDRESS: _____

Please tick (✓) where appropriate the purpose for claiming of shares.

☐ Retirement ☐ Resignation ☐ Termination ☐ Bed Ridden ☐ Death ☐ Withdrawal

Note*: Please attach necessary documents for the above and proof of relationship if beneficiary is applying on behalf of a member.

If Withdrawal (Please tick (✓) where appropriate the reasons for withdrawal)

☐ Financial Constraints ☐ Refinance ☐ Join other institution ☐ Other

2. NATURE OF COLLECTION

☐ PERSONAL ☐ DEPOSIT ☐ TMO ☐ MPAISA – Vodafone / Inkk #: _____

Bank: _____ Account #: _____ TMO Post Office: _____

Applicant Name: _____ TPF: _____

Relationship to member (if beneficiary): _____

Applicant Signature: _____ Date: _____

3. FOR OFFICIAL USE ONLY

Date Joined: Date application received:

No. of Years Share Bal: Loan Bal:

Share Payout less loans \$..... Bonus on share \$.....

Total Share Payout \$..... Approved / Rejected

Subject to/ Reason:

4. AUTHORISATION

Name: Signature: Date: