

**FIJIAN TEACHERS ASSOCIATION CO-OPERATIVE THRIFT LTD**

Education House, 68 Knollys Street, Suva, P O Box 14464

Telephone: 3318156 Mobile: 8927100 / 7194596 Email Address: ftactl@fta.org.fj**New Membership & Loan Application Form****A .PERSONAL DETAILS**

| | | | | |
|----------------|------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| TPF No. | First Name | | | |
| Surname | | | Other Names | |
| Father's Name | | | Mother's Name | |
| DOB | / / | Gender | MALE / FEMALE | Courtesy Title MR / MS / MRS |
| Marital Status | | Ethnicity | <input type="radio"/> I-Taukei <input type="radio"/> Indo-Fijian <input type="radio"/> Chinese <input type="radio"/> Rotuman <input type="radio"/> Others | Residential Address |
| Postal Address | | Mobile Phone | | Work Phone |
| Work Phone | | Home Phone | | Personal Email Address |

B. BANK DETAILS

| | | | |
|--------------|--|----------------|--|
| BANK | | BRANCH | |
| ACCOUNT NAME | | ACCOUNT NUMBER | |

C. EMPLOYMENT DETAILS

| | | | |
|-------------------------------------|--|----------------|----|
| School Name | | Post | |
| Level | | Current Salary | \$ |
| Salary Band | | Date Confirmed | |
| ID Type (FNPF / JOINT CARD / VOTER) | | ID #: | |

D. QUALIFICATION ATTAINED

| | | |
|----------------------|----------------------|------|
| School / Institution | Qualification/ Grade | Year |
| | | |

E. FAMILY

| | | | | | |
|-------------|--|-------|-----|------------------|--|
| Spouse Name | | D.O.B | / / | No of Dependants | |
|-------------|--|-------|-----|------------------|--|

F. NOMINEES FOR BENEFICIARY

| NAME OF NOMINEE | DOB | Relationship | Percentage Share |
|-----------------|-----|--------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MEMBER SIGNATURE: _____**DATE:** _____***A member may change the named beneficiaries as Conditions stipulated in the FTACTL Policy**

G. iTaukei Lineage

| | | | |
|----------|--|--------|--|
| Matanitu | | Yasana | |
| Tikina | | Koro | |

E. LOAN DETAILS

| LOAN AMOUNT | SHARE DEDUCTION / FORTNIGHT | LOAN REPAYMENT / FORTNIGHT | TOTAL DEDUCTION / FORTNIGHT |
|---------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------|
| 1. Membership Only | \$20 (Minimum) | Zero | \$20 |
| 2. \$500 | \$25 | \$25 | \$50 |
| 3. \$750 | \$20 | \$50 | \$70 |
| 4. \$1000 | \$50 | \$50 | \$100 |
| 5. Re-join (\$500) | \$50 / (\$20 if 50% share remaining) | \$50 | \$100 / \$70 |
| AMOUNT APPLIED (SELECT FROM ABOVE) | SHARE DEDUCTION / FORTNIGHT | LOAN REPAYMENT / FORTNIGHT | TOTAL DEDUCTION / FORTNIGHT |
| \$ | \$ | \$ | \$ |

F. NATURE OF COLLECTION (Please Tick)

| | | | | | |
|-------------------|--|-------------|--|-----------------------------|-------|
| DEPOSIT | | MPAISA | | REGISTERED MPAISA NUMBER | |
| TMO | | Post Office | | | |
| MEMBER SIGNATURE: | | | | | DATE: |

G. REQUIRED CHECKLIST

| NO | DESCRIPTION | TICK (✓) |
|----|--------------------------------------------------------------------|----------|
| 1 | Passport Size Photo | |
| 2 | Contract | |
| 3 | Salary Slip | |
| 4 | Original / Certified True Copy of Birth Certificate | |
| 5 | Copy of Valid ID Card (Voter ID, Joint Card, FTRA) | |
| 6 | Signed FTA Deduction Form - Code 288 | |
| 7 | Signed FTACTL Deduction Form - Code 256 | |
| 8 | Signed FTAWS Deduction Form - Code 332 (optional if joining FTAWS) | |

H. OFFICIAL USE ONLY

| | | | | | | | |
|-------------------|--|-----------|----|-------|------|------|--|
| FTA Receipt | | Amount | \$ | Stamp | | Date | |
| FTACTL Receipt | | Amount | \$ | Stamp | | Date | |
| Approved by: | | Signature | | | Date | | |
| Recruited By: | | | | | | | |

I. MEMBERSHIP AGREEMENT

This membership agreement outlines the rights and responsibilities of an individual that has paid the minimum share required for membership in the Fijian Teachers Association Co-operative Thrift Limited and the obligations of the Co-operative to those members.

Application for membership shall be made through the Secretary of the FTACTL Board and shall be endorsed by the FTACTL Board who may grant or refuse admission.

1) Rights as a member of the co-operative

As a member of the co-operative I am entitled to:

- i. Have one vote at general and other co-op meetings and receive proper notice of meetings
- ii. Serve on a committee or run for a position on the board of directors
- iii. Participate in the co-operative's operations and governance
- iv. Raise concerns or issues I identify with the co-operative
- v. Receive information about the co-operative's financial status and other important processes or decision (e.g. resolutions).
- vi. Receive patronage rebates in accordance with my use of the co-operative
- vii. Receive dividends on shares held in the co-operative

2) Responsibilities as a member of the co-operative

As a member of the co-operative I have a responsibility to:

- i. Participate in the governance of the co-operative through attendance of general meeting, voting on decisions, asking questions, and participating on boards and committees
- ii. Support the mission, vision, and goals of the co-operative
- iii. Adhere to the policies and procedures of the co-operative set out in the organizational documents and created by the board
- iv. Support the co-operative's operations by using its services or contributing to the delivery of services
- v. Learn more about the co-operative's operations and organizational capacity
- vi. Support the capitalization of the co-operative by making a financial contribution and remain a financial member for a period of not less than 5 years of which the member shall then be eligible for withdrawal at will thereafter;
- vii. Deduct 50 cents as contribution towards reguregu upon death of a member.

3) Obligations of the co-operative to members

As a member of the co-operative, I understand that the co-operative is obligated to:

- i. Provide notice of meetings and information on ways that I can participate in the co-operative's governance
- ii. Maintain a transparent and efficient system of decision-making that is inclusive of the membership and supportive of the mission and vision of the co-operative
- iii. Conduct business, through the board or staff, that is in the best interest of the co-operative and its members
- iv. Use my financial contribution effectively and responsibly and redeem my shares in the event I leave the co-operative

4) FTACTL Board

The Board shall be the administrative and management organ of the cooperative and it shall-

- i. Be the authority of the FTACTL shall be vested in the FTACTL Annual Meeting in concurrence with the Cooperative Act. In Between AGMs the FTACTL shall be administered by the FTACTL Board.
- ii. All provisions stated are mandatory, however the Boards decision shall be final in any adverse cases.

5) Declaration

I _____ understand the rights and responsibilities of membership in the Co-operative and agree to them. I agree to pay the shares amount of \$_____ and loan repayment / investment value of \$_____.

Signature: _____ Date: _____

TPF: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Board member: _____ Date: _____



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CO-OPERATIVE THRIFT LIMITED**

Education House, 68 Knollys Street, Suva, GPO Box 14464,
Telephone: 3318156, Mobile: 8927100 / 7194596 Email: ftactl@fta.org.fj



DEDUCTION FORM - SYSTEM CODE 256

I TPF/EDP authorize the Principal Accountant of
the Ministry of Education to deduct the following amount every fortnight from my salary;

- | | | | |
|--------------------------|---------|------------------|---------|
| 1. FTACTL SHARE | \$..... | 3. KAKAVAKI | \$..... |
| 2. FTACTL LOAN REPAYMENT | \$..... | 4. IKA NI YABAKI | \$..... |

Total Deductions: [\$.....]

Signature: Date:

Witness Signature: Date:

FTACTL Stamp..... MOE Stamp

***This authority shall not be varied or cancelled without the written consent of the
Secretary of the Fijian Teachers Association Co-operative Thrift Limited.***



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Total Deductions: [\$.....]

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FIJIAN TEACHERS ASSOCIATION
Education House, 68 Knollys Street, Suva, PO Box 14464, Suva, Fiji. Telephone: 3315099 Mobile:
7084299/9923331 Fax: 3304978

THE ACCOUNTANT
EDUCATION DEPARTMENT
MARELA HOUSE
SUVA.

NAME _____
TPF _____
SECTION _____
DATE _____

AUTHORITY TO PAY WAGES FTA SUBS - SYSTEM CODE 288

I hereby request and authorize you to pay from my salary each fortnight the sum of **Ten Dollars (\$10:00)** and pay the same to the credit of my account with the Fijian Teachers Association and I further agree that the authority should not be varied or cancelled without the written consent of the Fijian Teachers Association Management.

Yours faithfully

Yours faithfully

(Witness)

(Member's Signature)



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(Witness)

(Member's Signature)