

OVERSEAS PENSIONERS VALIDATION CHECKLIST



Pensioners Name: _____ Pension ID Number: _____

Pensioners FNPf No: _____ Contact details: _____

Email address: _____ Skype address: _____

Dependents/Nominees Name: _____

Annuitant details- Tick the box if the check is satisfactory

- | | | |
|--|---|--|
| <input type="checkbox"/> Pensioners Full Name | <input type="checkbox"/> Pension ID Card/Number | <input type="checkbox"/> Valid passport |
| <input type="checkbox"/> Valid Driver's License | <input type="checkbox"/> FNPf number | <input type="checkbox"/> Date of Birth of Pensioner/Dependent |
| <input type="checkbox"/> Residential Address | <input type="checkbox"/> Postal Address | <input type="checkbox"/> Father's name/mother's name if applicable |
| <input type="checkbox"/> Monthly pension amount | <input type="checkbox"/> Payment Due date | <input type="checkbox"/> Bank a/c details (Bank & Number) |
| <input type="checkbox"/> Current payment mode | <input type="checkbox"/> Employment history (first & last employer) | |
| <input type="checkbox"/> Dependent /Nominees details such as Nominees name & address | | |

Tick the box to confirm the attached document is submitted

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Certified True Copies of Pension ID, FNPf Card, Passport & Drivers license |
| <input type="checkbox"/> | Original or Certified True copy of Birth Certificate |
| <input type="checkbox"/> | Original or Certified True copy of Marriage Certificate |
| <input type="checkbox"/> | Two (2) certified recent passport photo |
| <input type="checkbox"/> | Original or Certified True copy of Death certificate of Primary Pensioner if applicable |
| <input type="checkbox"/> | Others (please specify) |

Pensioners Thumb-print and Signature

(Pensioner Left Thumb Print)

Pensioners Signature: _____

OFFICIAL USE ONLY

Validated by: _____ Signature: _____ Date: _____

Checked by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____

Counsellors/Processing Officer/Approval Officer Comments:

I do hereby certify that the holder of
had presented himself/ herself to the Fiji High Commission / Trade Commission.

.....
[Officer's Name]

.....
[Position]

.....
[Signature of Officer]

.....
[Date]

OVERSEAS PENSIONERS QUESTIONNAIRE



Pensioners Full Name: _____

Pension ID Number : _____

Pensioners FNPf No: _____

SECTION A

1. What is your Date of Birth _____
2. What is your Dependents Date of Birth _____
3. Pensioners parent name (if applicable) _____
4. What is your current Residential Address _____

5. What is your current Postal Address _____

6. What is your Dependents Name _____
7. What is your Nominees Name _____
8. Who was your first employer _____
9. Who was your last employer _____
10. Your current monthly pension amount _____
11. Due date of pension payment _____
12. Your Bank Details _____

13. What is your current pension payment mode? _____

SECTION B

- | | | |
|---|-----|----|
| 14. Is the Pension ID Card valid (date and photo)? | Yes | No |
| 15. Does the photo in the FNPf ID Card match the pensioner in person? | Yes | No |
| 16. Does the photo in the Driver's License match the pensioner in person? | Yes | No |
| 17. Does the photo in the Passport match the pensioner in person? | Yes | No |

BATCHING COVER SHEET FOR OVERSEAS PENSIONERS



Office of Origin: **Fiji High Commission, Kuala Lumpur, Malaysia**

Date Filed: **XX/XX/2012**

Date Posted: xx/xx/2012

Number in Batch: **6**

No	SURNAME	OTHER NAMES
1	Kumar	Premila Rattan
2	Desmukh	Manav Sanchu
3	Wati	Mala Saras
4	Marama	Setaita Nai
5		
6		