



SERVICE WORKER CREDIT UNION
298 Waimanu Road, GPO Box 1405 SUVA
Telephone:3311901

APPLICATION FOR MEMBERSHIP AND AUTHORITY FOR SALARY DEDUCTION

The Secretary/Treasurer
Service Worker Credit Union
P O Box 1405
SUVA

Dear Sir,

I am a member of the Fiji Public Service Association as such I am eligible to be a member of the Service Worker Credit Union. I therefore apply to be registered member of the Service Worker Credit Union and agreed to abide by its rules as amended from time to time. I realize that one dollar (\$1.00) will be deducted from my savings for the entrance fee.

Surname :Mr/Mrs/Ms.....		Other Names:.....	
Fathers Name:.....		Date of Birth:.....	
EDP/Emp.No.....		TIN No:.....	
Department:.....		Station:.....	
Substantive Post:.....		Residential Address:.....	
Postal address:.....			
Telephone: Office.....		Home.....	
Mobile:.....		Email.....	
Next of Kin's Name Address:.....			
Bank details Bank Name:.....		Bank Account Number.....	

I hereby authorize my Employer to deduct (a minimum of sixteen dollars (\$16) per fortnight or eight dollars (\$8 per week).....(in words) (\$.....) from my salary and pay the same to the Service Worker Credit Union. The authority shall not be Varied without the consent of the Secretary/Treasurer of the Service Worker Credit Union.

Signature of applicant:..... Date:.....

Witness: Name:.....Signature:..... Date.....

NOTE1. Attach a copy of recent salary slip 2. The Secretary/Treasurer, Service Worker Credit Union, should be immediately notified of any change of address or Department 3. Return this form duly completed to your nearest FPSA Branch Office or The Secretary/Treasurer, SWCU, P O Box 1405, SUVA, or fax: 3317345

Official Use: Approved By.....

Date.....