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## **MEMBERS REGISTRATION FORM**

Surname: \_\_\_\_\_

First (given) Name(s): \_\_\_\_\_

Regimental Number: \_\_\_\_\_ DOB: \_\_\_\_\_

TIN Number: \_\_\_\_\_ FNPF Number: \_\_\_\_\_

Gender: Male / Female (circle if appropriate) Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### **Declaration:**

- I certify that the information on this registration form is complete, true and accurate.
- I understand that the personal data on this Registration Form is collected for the purpose of the MSCU member online registration. I consent for this data to be disclosed, processed and stored by MSCU staff for such administrations.
- I understand that MSCU shall not be held liable should I lose, misplace or if the provided username and password is stolen will face a penalty fee of \$10.00 to receive new password.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_

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**For official use:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Approved by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_