

WARNING

The declarant should read carefully before making the declaration. It is an offence, liable for prosecution and punishable under the law, for any person to knowingly make a false declaration.

DECLARATION

Birth Registration Number: _____

PART I: CIVIL PENSIONERS

I, Mr/Mrs/Miss _____ **DOB** _____ hereby declare that.

I am entitled to receive pensions for the year 2026 and my (current) Postal Address is: _____

Residential Address: _____

Phone: _____ Email ID: _____

SIGNATURE: _____ DATE: _____ (to be signed in the presence of one of the certifying officers as in Part IV)

PART II: WIDOWS & 60% DEPENDENT PENSIONERS

That I, the abovenamed, declare that I have not re-married, and I am also aware the pensions will cease on remarriage and that I should notify the Manager, Pensions of my intention to remarry.

SIGNATURE: _____ DATE: _____

PART III: NEXT-OF-KIN DETAILS

To be completed if your pensions fund is being accessed by a next-of-kin (i.e., if a next-of-kin is withdrawing from the bank (ATM) on your behalf every payday.

I declare that I will inform Pension Office immediately upon death of the pensioner and that I will not access any pensions funds paid, from the date of death. (It is a criminal offence to withdraw pension funds after the death of a pensioner).

Signature: _____ Name of next-of kin: _____

Relationship with Pensioner: _____ Telephone contact: _____

CERTIFICATION**PART IV: ANY PERSON SIGNING THE CERTIFICATE MUST AFFIX OFFICIAL STAMP**

Person before whom this declaration may be subscribed include a Justice of the Peace, a Notary Public or a Commissioner for Oaths, a Minister of Religion, a Banker, a Magistrate, a Head of Department or other Senior Level Officer of the Civil Service or Armed Forces, a Postmaster or Postmistress, a Barrister and Solicitor, a Registrar-General of a Registrar of Magistrate's Courts, Turaga-ni-Koro.

I hereby certify that the foregoing declaration and signature were made by the above named person in my presence this day, and that I believe the declarant to be the person named herein.

NAME: _____ OFFICE HELD: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

IMPORTANT This form must be completed correctly and certified by one of the above-mentioned people. If you have not done so and are not returned by **15th January 2026**, your future pensions payments beginning **1st pay of February 2026** will be withheld.

The Form should be mailed or hand delivered to:

The Manager, Pensions Section,
Ministry of Finance
P O Box 2212
Suva,
Fiji.

Ministry of Finance
Pension Office
Rotalabalavu House
Victoria Parade
Suva.

Phone Contact: 3221171
3221172

Email: sanjay.chand01@finance.gov.fj
ssingh016@finance.gov.fj
jdunn@finance.gov.fj

All pensioners are required to submit **a six (6) monthly** Life Certificate. If this is not received on time, pension payments will be ceased and will be reactivated after the Life Certificate is received, properly signed and certified.