

LIFE CERTIFICATE

FI 206

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 July 2026**, your future pensions payments beginning **1st pay of August 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.