

**WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.**



**PARENTHOOD ASSISTANCE PAYMENT PROGRAMME – APPLICATION FORM**

**SECTION A: DETAILS OF CHILD**

Child's full name: \_\_\_\_\_

Date of birth (attach copy of birth certificate): \_\_\_\_\_

Taxpayer Identification No. (attach copy of letter from the Fiji Revenue and Customs Service ('FRCS')): \_\_\_\_\_

**SECTION B: DETAILS OF APPLICANT**

Applicant's full name: \_\_\_\_\_

If known by another name, please specify other name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: (T) \_\_\_\_\_ (M) \_\_\_\_\_

Residential address: \_\_\_\_\_

Town/City/District (as applicable): \_\_\_\_\_ Province: \_\_\_\_\_

**SECTION C: PHOTO IDENTIFICATION OF APPLICANT (ATTACH COPY) – VOTER IDENTIFICATION CARD PREFERRED**

Voter Identification Card No.:     -     -

Other valid photo identification (please specify): \_\_\_\_\_

**SECTION D: INCOME OF PARENTS OR APPLICANT**

Annual income (gross) of parents or legally appointed guardian (complete as applicable):

	Taxpayer Identification No. (if any)	Annual income (if any) (before tax and FNPf deductions)
Mother's income:		
Father's income:		
Legal guardian's income:		

**SECTION E: DECLARATION**

- By ticking this box , I declare that:
- (a) the abovementioned child is a Fijian citizen and was born on or after 1 August 2018 and is not deceased and I am applying for the Parenthood Assistance Payment Programme as I am the (choose one):
    - child's mother, and attached to this application is a true copy of: (i) my birth certificate; and (ii) letter from the FRCS referring to my taxpayer identification number;
    - child's father, because the mother of the child is deceased or legally incapacitated and attached to this application is a true copy of: (i) my birth certificate; (ii) letter from the FRCS referring to my taxpayer identification number; (iii) marriage certificate (if applicable); and (iv) the mother's death certificate or relevant court order (if applicable);
    - child's legal guardian, because the mother and father of the child are either deceased, legally incapacitated or unknown and attached to this application is a true copy of: (i) my birth certificate; (ii) letter from the FRCS referring to my taxpayer identification number; and (iii) the relevant death certificate or court order (if applicable);
  - (b) I request the Parenthood Assistance Payment be paid into an account to be opened in the child's name at the bank selected below:
 

<input type="checkbox"/> ANZ	<input type="checkbox"/> BOB (Baroda)	<input type="checkbox"/> BRED
<input type="checkbox"/> BSP	<input type="checkbox"/> HFC	<input type="checkbox"/> Westpac
  - (c) I only have one taxpayer identification number;
  - (d) the gross annual combined income of the parents or legal guardian of the child, or the mother's income if the father of the child is not living with the mother, is \$30,000 or less;
  - (e) to the best of my knowledge, no other person has applied for, or is planning to apply for, the Parenthood Assistance Payment in relation to the child;
  - (f) I will only use the Parenthood Assistance Payment to cover childrearing expenses and for the benefit of the child; and
  - (g) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offence under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the foregoing.

**SECTION F: SIGNATURE**

I, (full name) \_\_\_\_\_,  
of (address) \_\_\_\_\_,  
solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true.

Declared at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

\_\_\_\_\_  
(signature of witness – BDM officer)  
Name: \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**SECTION G: OFFICIAL USE – MINISTRY OF JUSTICE**

Office: \_\_\_\_\_

Receiving officer: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Application number: \_\_\_\_\_