



Unemployment Benefit for Workers in Informal Sector within Lockdown Areas

As part of Government's COVID-19 stimulus package, Fijians working in the informal sector within **lockdown areas** of **Lautoka**, **Suva** and **Nasinu** are eligible for \$150 in financial assistance. This pay-out will be provided to those with valid hawkers/ business license or permit.

This assistance can be accessed by:

1. Completing an Application Form. Application forms are available at the Births, Deaths and Marriages offices in Ba, Lautoka, Nadi, Suva, Nasinu and Nausori.
2. Section F on the form is to be witnessed by a Legal Aid Officer.
3. Attaching the following documents to the completed form:
 - i. Birth Certificate;
 - ii. Voter ID Card or any other form of photo identification (driver's license, FNPF Joint Card, Passport);
 - iii. Details of Bank account or M-PAiSA account or TMO; and
 - iv. Copy of Hawkers/ Business License or Permit.
4. Dropping the application and accompanying documents at any BDM Registry Office.

The Ministry of Economy will process the applications within five working days once the application forms are received.

Application forms can also be downloaded from the Fijian Government website at: www.fiji.gov.fj and the Fijian Government Facebook page at www.facebook.com/FijianGovernment

For further enquiries, please contact the Ministry of Economy on 8937846.

**Unemployment Benefit
for
Lockdown Areas (Informal Sector)**

Application Form - Suva and Nasinu

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.



COVID 19 – UNEMPLOYMENT BENEFIT FOR INFORMAL SECTOR PROGRAMME– APPLICATION FORM

SECTION A: PERSONAL INFORMATION

Full name: _____

If known by another name, please specify other name: _____

Date of birth: _____

Phone: (T) _____

(M) _____

Residential address:

District/Tikina: _____

Province: _____

Preferred manner of receipt of payment: M-PAiSA Direct Deposit in Bank Account

M-PAiSA Account number:

Bank Account number:

Bank Name/Branch: _____

SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)

Voter Identification Card No.: – –

Other valid photo identification (please specify): _____

SECTION D: HOUSEHOLD DETAILS

List of wage earners and other types of income earned by household (gross):

Wage/Income earners	Annual income (before tax and FNPf deductions)

SECTION C: HAWKERS LICENCE

I attach a copy of my valid Hawkers Licence pursuant to Suva/Nasinu (Hawkers) By-Laws 1944 with the following details:

Licence Number: _____

Class of goods hawked: _____

Date of expiry for Licence: _____

SECTION E: DECLARATIONS

1. I declare that during the events relating to COVID-19 in Fiji and since the subsequent lockdown of Suva (from Delainavesi Bridge, to Sawani Junction and Nausori Bridge) on 3 April 2020:

- I have not been able to hawk my goods within Suva City/Nasinu Town as per my Hawkers Licence;**
- my Hawkers business has been drastically affected since the events relating to COVID-19 in Fiji and the subsequent lockdown of Suva City/Nasinu Town; and**
- given the above, I request the Government assistance of \$150 to assist with my daily expenses.**

2. By ticking this box , I declare that:

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 and by virtue of the Statutory Declarations Act 1970.

Declared at _____

this _____ day of _____ 2020
before me and I certify that the declaration was read over

in the _____ language to the declarant
who appeared fully to understand the meaning thereof.

(signature of witnessing officer)

Name: _____

Office held: _____

Signature of Declarant

SECTION G: OFFICIAL USE – VERIFICATION

Verification by: Ministry of Justice : Legal Aid

Commission :

Hawkers Licence verified : Application approved:

Authorised Officer Name and Signature: _____

Date: _____

SECTION H: CONFIRMATION OF PAYMENT: MINISTRY OF ECONOMY

Authorised Officer Name and Signature: _____

Date of Payment: _____

**Unemployment Benefit
for
Lockdown Areas (Informal Sector)**

Application Form - Lautoka

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COVID 19 – UNEMPLOYMENT BENEFIT FOR INFORMAL SECTOR PROGRAMME– APPLICATION FORM

SECTION A: PERSONAL INFORMATION

Full name: _____

If known by another name, please specify other name: _____

Date of birth: _____ Phone: (T) _____ (M) _____

Residential address:
District/Tikina: _____ Province: _____

Preferred manner of receipt of payment: M-PAiSA Direct Deposit in Bank Account

M-PAiSA Account number:

Bank Account number:

Bank Name/Branch: _____

SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)

Voter Identification Card No.: – –

Other valid photo identification (please specify): _____

SECTION C: HAWKERS LICENCE

I attach a copy of my valid Hawkers Licence pursuant to Lautoka (Hawkers) By-Laws 1944 with the following details:

Licence Number: _____

Class of goods hawked: _____

Date of expiry for Licence: _____

SECTION D: HOUSEHOLD DETAILS

List of wage earners and other types of income earned by household (gross):

Wage/Income earners	Annual income (before tax and FPNP deductions)

SECTION E: DECLARATIONS

1. I declare that during the events relating to COVID-19 in Fiji and since the subsequent lockdown of Lautoka City on 19 March 2020:

I have not been able to hawk my goods within Lautoka City as per my Hawkers Licence;

my Hawkers business has been drastically affected since the events relating to COVID-19 in Fiji and the subsequent lockdown of Lautoka City; and

given the above, I request the Government assistance of \$150 to assist with my daily expenses.

2. By ticking this box , I declare that:
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.

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before me and I certify that the declaration was read over in the _____ language to the declarant who appeared fully to understand the meaning thereof.

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Name: _____
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SECTION G: OFFICIAL USE – VERIFICATION

Verification by: Ministry of Justice : Legal Aid Commission :

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