



**Fiji Commerce  
& Employers  
Federation**

THE VOICE OF THE PRIVATE SECTOR

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## MEMBERSHIP APPLICATION FORM

**Name of Enterprise:** \_\_\_\_\_

**Name of Chief Executive and Shareholders:**

\_\_\_\_\_

**Independent or Subsidiary of:**

\_\_\_\_\_

**Nature of Business:**

\_\_\_\_\_

**No. of Employees:**

\_\_\_\_\_

**Company Registration No:**

\_\_\_\_\_

**Tax Identification:**

\_\_\_\_\_

**Business in Operation Since:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Fax:**

\_\_\_\_\_

**E-mail address:**

\_\_\_\_\_

**Website:**

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

**Name of the Principal Union:** \_\_\_\_\_

\_\_\_\_\_

**I certify that the FNPF registration number held by the applicant is:**

\_\_\_\_\_

**Reason for seeking Membership:** \_\_\_\_\_

\_\_\_\_\_

**I hereby apply for Membership of the FCEF**

**Please indicate which council or councils you would like to be a member of**

\_\_\_\_\_

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

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

**Annual Subscription:**  
5% of the Annual FNU Levy (Jan-Dec) + Vat (9%)  
or \$500 + Vat (9%), whichever is greater.

**Cheque**

**Bank Deposit**

**OFFICAL USE**

**Reference Check:**

**Approved:**

2
