



**Fiji Commerce
& Employers
Federation**

THE VOICE OF THE PRIVATE SECTOR

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 (15%)
or \$500 + Vat (15%), whichever is greater.

Cheque

Bank Deposit

OFFICAL USE

Reference Check:

Approved:

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