

FOR OFFICIAL USE ONLY

CLAIM REF.....

# GRANT FORM G2



## GRANT CLAIM APPLICATION IN RESPECT OF APPROVED COURSES FOR METHOD 'B' EMPLOYERS

### INSTRUCTIONS FOR USE:

1. Submit the form to: The Manager Levy and Grants, FNU, Private Mail Bag, Suva or email to [gmbhelpdesk@fnu.ac.fj](mailto:gmbhelpdesk@fnu.ac.fj). Retain a copy for your records.
2. Both sides of the Form must be completed in full and signed.
3. All claims for the year must be submitted immediately on completion of the training (or Stage of Training) and **no later than 15 January of the following year.**
4. All claims must be supported with proof of attendance, pay slip of participant(s) or salary confirmation letter and company bank details. Training evidence may be submitted at the time when claims are lodged or at the latest by 30 June following the year of training. The claim due date however remains 15 January following the year of training.
5. All levies due must be paid in full to qualify for grant payment.

NAME OF EMPLOYER.....FNPF NUMBER.....

ADDRESS.....

NAME OF PERSON TO WHOM QUERIES MAY BE REFERRED.....

TELEPHONE.....EXT.....FAX.....EMAIL.....

Title of course attended.....

Course organized by.....

If In-House Training: Date of Approval.....

### FOR ALL APPROVED TRAINING

Dates of Course: Starting.....Finishing.....

If Part-Time: Hours per day.....Course Fee.....

No. of days for complete course.....Note: a day comprises at least 6 hours of attendance or separate attendances totaling 6 hours

Course held at.....

**NOTE: No grants would be paid if the University's approval is not obtained prior to the commencement of the course.**

I apply on behalf of the above employer for attendance at the above course, by the trainees shown overleaf and for the payment of grants in respect of such attendance, subject to the conditions of the Grant Scheme. I certify that levy is paid on the wages or salaries of the Trainees concerned.

Signed..... Position.....

Name in full..... Date...../...../.....

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Received by/date..... Processed by/date.....

Committed..... Grants Approved.....

Claim OK/Incomplete..... Checked by/date .....

Additional Requirements..... Claim Cleared.....

