

CENTRE FOR GRADUATE STUDIES

**EXTERNAL EXAMINER CLAIM FORM**

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| **PAYMENT DETAILS** |
| **Title and Full Name**  | Click here to enter text. |
| **Name and Address of Bank** | Click here to enter text. |
| **Name of Account Holder** | Click here to enter text. |
| **Account Number**  | Click here to enter text. |
| ***FOR LOCAL(s) ONLY***  |
| **FNPF**  | Click here to enter text. |
| **TIN** | Click here to enter text. |
| ***FOR INTERNATIONAL(s) ONLY***  |
| **Bank Swift Code** | Click here to enter text. |
| **BSB** | Click here to enter text. |
| **PLEASE INDICATE BELOW THE CLAIM REQUESTED FOR:** |
| **PhD Thesis Examination** | **900FJD** | Click here to enter text.  |
| **Master by Research Thesis Examination** | **750FJD** | Click here to enter text. |
| **Milestone Assessment**  | **200FJD x \_\_\_\_\_\_ number of candidates assessed**  | Click here to enter text. |
| **I hereby authorize FNU to deposit any money payable to me into the above account.****Signature:** Click here to enter text. **Date:** Click here to enter a date. |
| **FOR CENTRE FOR GRADUATE STUDIES USE ONLY** |
| **Comments:** Click here to enter text.**Name:** Click here to enter text. **Signature:** Click here to enter text.**Date:** Click here to enter text. |

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