



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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