

MINISTRY OF SOCIAL WELFARE, WOMEN AND POVERTY ALLEVIATION



Office of the Minister and
Permanent Secretary
5th Floor, Civic Towers - Suva
P O Box 14068
Suva
Phone: (679) 3312 199
Fax : (679) 3303 829

Department of Social
Welfare:-
72 Suva Street, Toorak
Suva, Fiji
Phone: (679) 3315 585 / 3315 931
Fax: (679) 3305 110

Department of Women:
5th Floor, Civic Towers - , Suva
P O Box 14068
Suva
Phone: (679) 3312 199
Fax : (679) 3303 829

Reference no: (Official use only)

Bus Fare Concession Form- For Elderly /Senior Citizens (Age 60 years+)/Disabled Citizens

Section A : Applicant's Personal Details:

Name: _____

Father's Name: _____

Date of Birth (D.O.B): M/F _____

Residential Address: _____

Postal Address: _____

Phone No.: (Home): _____ Mobile No.: _____

Section B: Proof of Identification

For Senior Citizens

- i) Certified copy of Birth Certificate or Passport
- ii) Passport Size Photograph (2)

For Family Assistance Category

ID Card

For Disabled Persons

- i) Medical Report
- ii) Verification from Fiji National Council for Disabled Persons (FNCDP)/NGO/PA's Office
- iii) Passport Size Photograph (2)

Applicant's Signature/Thumbprint:

Date: _____

Certification by (Turaga Ni Koro/District Advisory Council

Date:

Welfare Officer's Certification:

Signature: _____

Date Received:

Data Input Date: _____

Approved/Not Approved:

Date Card Issued: _____

All application Forms to be submitted to your District Social Welfare Office: