



# DIALYSIS SUBSIDY PROGRAM CHECKLIST

Completed and Signed Registration Form

Evidence confirming annual household salary less than \$30,000 or Completed and Signed Statutory Declaration.

One passport sized color photograph.

TIN card/letter of household income earners



# DIALYSIS SUBSIDY PROGRAM REGISTRATION FORM

1 x passport sized photo duly certified by authorizing officer (optional)

The Government and the Ministry of Health and Medical Services recognize the need for affordable and equitable access to dialysis treatment, and has commenced a Dialysis Subsidy Program. All patients requiring long term dialysis treatment with household income less than \$30,000 per annum are eligible for subsidized dialysis.

Use BLOCK LETTERS.

1. Tax Identification Number           2. Social Welfare Number

3. Birth Reg Number           4. National Health Number

5. Applicant's Name  
5(a) First Name                       
5(b) Other Names                       
5(c) Surname                       
5(d) Married Name: (Optional and for married woman)

6. Mother's Name:

7. Date of Birth: (dd/mm/yyyy)           8. Gender (√) M  F  9. Marital Status (√) M  S  10. Usual Occupation

11. Home Address:

12. Postal Address:

13. Phone and Other Contact Details

Phone (Home):
Phone (Work):
Mobile:
Email:

14. Household Income Details: (Provide details of all household income earners)

#	Name	Relationship	TIN	Annual Salary
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$

(Please attach copy of TIN card/letter for the names above)

15.

Left thumb print of Applicant

16. Declaration of Application  
By virtue of the Statutory Declarations Act (Cap 43), I \_\_\_\_\_  
\_\_\_\_\_ declare that the information provided in this registration form/\*and Additional Dependents Form(s) \*is/are accurate and true.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
17. Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_  
Title of Witness: \_\_\_\_\_

\*Please cross out the ones not applicable.  
**The following are authorized to witness the applicant's signature:**  
Employer, MOHMS Personnel, Justice of Peace, District Officer, Commissioner for Oaths and FRCA Officer.



# DIALYSIS SUBSIDY PROGRAM REGISTRATION FORM INSTRUCTIONS FOR COMPLETING THE FORM

## General Information

Complete the form in black or blue pen.

PRINT clearly with BLOCK letters and provide relevant information in the boxes provided. If an item is not applicable write "N/A" in the box.

1. Write the valid Joint FNPF/FRCA (TIN) issued by FRCA or FNPF (if any).
2. Write the valid Social Welfare membership number issued by Ministry of Women, Children and Poverty Alleviation (if any).
3. Write the Birth Registration Number given in the box on the upper right hand corner of the Birth Certificate. (Do not complete this Box if you have a foreign birth certificate).
4. Write the valid Health Information Number issued by Ministry of Health and Medical Services. This number should be written on your national health card. This number will be validated against your TIN number for services offered under government's dialysis subsidy program. Please note that all individuals with a household yearly income of less than \$30,000 are eligible for dialysis subsidy under this program.
5. Write the name(s) as shown on your Birth Certificate:
  - a. First name.
  - b. Other names.
  - c. Last Name/Surname.
  - d. If you are a married woman and opt to use your marriage name, write the marriage name as on the Marriage Certificate.
6. Write your Mothers's Name as shown on the Birth Certificate.
7. Write your date of birth from the Birth Certificate in the format (dd/mm/yyyy).
8. Tick either (M) for male or (F) for female.
9. Tick either (M) for married or (S) for single.
10. Write your usual and current occupation.
11. Write your current home address.
12. Write your current postal address which you use to collect your mails.
13. Write your Home and Work Phone Contacts together with your mobile contact and email address in the spaces provided.
14. Details on the household income earners
15. Place your Left Thumb print with your Signature in the space provided.
16. Please fill in the Declaration of Application and place your signature with the date in the space provided.\*Please cross out the ones not applicable.
17. Declaration of Application should be witnessed by the following personnel: Ministry of Health and Medical Services staff, a General Practitioner, Justice of Peace, District Officer , Commissioner for Oaths or FRCA officer.
18. The witnessing officer to the applicant's left thumb print and signature should put his/her Name, Signature, Title and Date in the spaces provided.

If you DO NOT have any other form of photo Identification or cannot come to any MOHMS office in person, a certified passport size photo with WHITE BACKGROUND is necessary. All passport sized photos must be certified by one of the following persons: Justice of Peace, District Officer, Commissioner for Oaths or FRCA officer. Please note that passport sized photo is optional. For FRCA offices, photographs can be taken at respective offices.

## What to do with the completed form?

Completed forms are to be submitted to the Ministry of Health and Medical Services through the National Kidney Research and Treatment Centre and/or Ministry of Health and Medical Services affiliated dialysis facilities.

# STATUTORY DECLARATION

I \_\_\_\_\_  
of \_\_\_\_\_  
solemnly and sincerely declare that the combined income of all members of my household is less than \$30,000.

And I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act (Cap 43).

Declared at \_\_\_\_\_ }  
this \_\_\_\_\_ day of }

}  
before me and I certify that the declaration was read }  
over in the \_\_\_\_\_ } \_\_\_\_\_  
\_\_\_\_\_ language }  
to the declarant who appeared fully to understand }  
the meaning thereof. }  
} }  
\_\_\_\_\_ }

(Office held or Nature of Appointment)

## EXPLANATORY NOTE

A Statutory Declaration made in Fiji for use in Fiji shall be in the form prescribed in the Schedule to the Statutory Declaration Act and shall be made before :-

- (a) The Chief Register, Deputy or Assistant Registrar of the Supreme Court :
- (b) a magistrate :
- (c) the Registrar-General or any Assistant Registrar-General :
- (d) a notary public or Commissioner for Oaths :
- (e) a Registrar of Magistrates' Courts :
- (f) a barrister and solicitor
- (g) a justice of peace
- (h) a district officer; or
- (i) any fit and proper person appointed by Minister charged with responsibility for the Ordinance