

SECTION G. WALESI OFFICAL USE ONLY

Information entered into CSMS database:

SECTION H. STB DETAILS

Serial Number:

Date Issued:

Issuing Officer:

Signature:

SECTION I. RECEIPT OF STB

I confirm receipt of my STB.

Signature

Thumbprint:

Date



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WALESi
The Future is Brighter

APPLICATION FORM

www.walesi.com.fj

SECTION A. PERSONAL INFORMATION

Title First Name

Last Name

Date of Birth DD / MM / YY Phone

Residential Address

Postal Address

Email Address

SECTION B. IDENTIFICATION

Please tick which type of photo identification you are submitting:

Drivers License Voter I.D Card FNPF Joint Card

Card Number

If you are applying for government subsidy, please continue on to sections C, D, E & F. OR If you are purchasing your Walesi Set Top Box outright, please submit completed Section A, B & D to our office.

Warning: Providing false information to Government is an offense under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to prison for up to 10 years.

SECTION C. HOUSEHOLD DETAILS

No. of Adults in household No. of Children in household

List of Wage earners in household & Annual income (gross):

WAGE EARNER first & last names	ANNUAL INCOME before tax & FNPF deductions
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION D. PLACE OF INSTALLATION

Please tick which type of power source you will be using:

Generator Solar Power EFL Power

Energy Fiji Limited (EFL) Account Number:

SECTION E. DECLARATION

By ticking this box , I declare that:

- the gross annual income of my household (persons living in the same house) is \$30,000 or less;
- to the best of my knowledge, no other member of my household has applied for, or is planning to apply for, the assistance under the Walesi Subsidy Programme;
- I have not already recieved a Set Top Box from Government under the subsidy programme;
- I will install and use the Set Top Box only at my place of residence;
- I understand that the provision of false information to Government for the purposes of recieving a benefit is an offense under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the forgoing.

SECTION F. DECLARATION SIGNATURE

I, (Full Name)

of, (Residential Address)

solemnly and sincerely declare that the information contained in this form is true and correct 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 _____ 2021

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

Signature of Applicant

Signature of Witnessing Officer by virtue of the Statutory Declaration Act (Cap. 43)

Name Office held