



# COVID-19 FINANCIAL ASSISTANCE TO WOMEN FISHERS REGISTRATION FORM

**Registration Checklist:**

- A photo ID (e.g., voter registration card, joint card, valid driver's license, or passport).
- Fill all sections of the registration form (if Section D(ii) applies to you, ensure that either a support letter from your middleman/women or a support letter from the Turaga-Ni-Koro or a statutory declaration, is attached with your registration form)

*\*Please ensure that you have all the requirements stated in the checklist before submitting this form. Your registration may be deemed incomplete if the mandatory documents are not submitted.*

## Section A: Personal Details

Title: Ms / Miss / Mrs

Full Name: *(as per your birth certificate)*

Date of Birth: *(dd/mm/yy)*  Ethnicity:

Phone Contact:  Email Contact:

Residential Address <i>(please specify district and province):</i>	Postal Address:

	Total Number of people in the family		Number of people in the family with disability	
	Female	Male	Female	Male
< 18 years old (0-17)				
Between 18-59 years old				
>60 years old				
Total				

Alternative Contact Person:

Name:

Indicate Relationship (Spouse, Parent, etc.)

Phone Contact:

**PHASE 1**

**Section B: Details of Fishing Activity**

i. Please tick (✓) which of the following applies to you:

- Subsistence fishing – fishing for the sole purpose of household use
- Semi-commercial – fishing for both family needs and income
- Commercial – fishing for sale of fish

ii. Please fill the table below:

Type of fishing method/technique involved <i>(e.g. netting, gathering or hand collecting, netting)</i>	Type of Produce		Form <i>(fresh/frozen/cooked)</i>	Number of years engaged in fishing activity
	Fish <i>(e.g. kabatia, maleya, etc.)</i>	Non finfish <i>(e.g., crabs, urchins, prawns, shellfish, seaweed(nama/lumi))</i>		

iii. Reason(s) for engagement in fishing activity

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**Section C: Impacts of COVID 19**

What are some of the impacts of the pandemic on:

1. Your household

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2. You as a woman fisher

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**Section D: Proof of Women Fisher Vendor**

Tick which of the two below applies to you:

- I have participated in a Women in Fisheries Network - Fiji activity; training, workshop, survey, awareness or member of the Network (please fill Section D(i) below)
- I have NOT participated in any Women in Fisheries Network - Fiji activity (please fill in Section D(ii) below and attach the relevant documents)



**PHASE 1**

**M-PAISA Money Transfer (please ensure that the mobile number provided is active and registered under your name)**

Name: \_\_\_\_\_

Phone No: 

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**Bill Paid- Post Fiji (Name should be as per photo ID)**

Name: \_\_\_\_\_

Nearest Post Office Agency: \_\_\_\_\_

Phone No: 

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**Section F: Certification from Authorised Officers**

**I. Village Residents**

*Village Councilor (Turaga Ni Koro)*

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

**II. Non-Village Residents**

District Officer: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section G: Declaration**

I hereby declare that:

- I. The information given in this registration is true and correct to the best of my knowledge and belief
- II. I have read, understood, and completed the form
- III. Any false or misleading information provided will justify rejection of registration

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION I: FOR OFFICIAL USE**

**Form Lodgment**

Registration Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Vetting**

**COMPLETE** Comment: \_\_\_\_\_

**INCOMPLETE** Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Approval**

Signature: \_\_\_\_\_

Authority: \_\_\_\_\_

Date: \_\_\_\_\_

