



FIJI TEACHERS REGISTRATION AUTHORITY

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ID Card Data Form

(for Full Registered Teacher only)

Name of School: _____

Postal Address: _____

Email: _____ Phone: _____

Head of School Signature (*Optional*): _____

Official School Stamp (*Optional*): _____

<u>Reg. Period</u> <i>(Official Use Only)</i>	<u>TPF</u>	<u>FULL NAME</u> <i>(as per Birth Certificate)</i>	<u>PHOTO</u> <i>(Current, Formal Passport Size: Either Hard copy or E-copy (JPEG) will be accepted)</i>	<u>PREFERRED POSTAL ADDRESS</u>	<u>SIGNATURE</u> <i>(Use dark ink – black or blue pen only)</i>

