



MINISTRY OF HOUSING AND COMMUNITY DEVELOPMENT

EXTENSION OF CLOSING DATE FOR APPLICATIONS FOR REFUND OF MONIES PAID TO PEOPLE'S COMMUNITY NETWORK (PCN) IN LAGILAGI HOUSING UNIT SCHEME

The Fijian Government is assisting Fijians who were misled into giving their hard earned savings as deposits to the People's Community Network (PCN) for homes at the Lagilagi Housing Project that were not provided as promised. The initiative is coordinated by the Ministry of Housing and Community Development with assistance from the Ministry of Economy.

Giving due consideration to the requests from the public who are yet to submit their applications for refunds under this initiative, the Ministry is extending the closing date to lodge applications till **4.00 pm on Friday 20 May 2022**.

To be eligible, applicants must meet the following requirements:

- Must be a Fijian Citizen;
- Age must be 18 years or older;
- Must be able to produce documents to support payments to PCN for a Lagilagi Housing Unit; and
- Must not have received any housing unit from PCN as at the date of the application.

The application forms are available online at [Form – PCN Refunds](#) and through the following offices:

- The Ministry of Housing & Community Development office – 33 Gorrie Street, Suva;
- Any Legal Aid Commission office across Fiji

Approved applicants will be notified by letter as to the amount of refunds approved, with payments to be made directly to the applicants' nominated bank account.

The following documents **MUST** be submitted with the completed application form:

- Certified Copy of Birth Certificate;
- Copy of Valid Photo Identification;
- Tax Payer Identification Number (TIN) Letter or Joint FNP/FRCS Card;
- Copy of Recent Bank Statement (for verification of bank account number);
- Payment Documents to PCN; and
- Any written agreement executed by the applicant and PCN.

All applications are to be submitted before **4pm on 20th May 2022** to the following email account: pcn.refunds@govnet.gov.fj or hand delivered to:

- The Ministry of Housing & Community Development office at 33, Gorrie Street, Suva;
- Any Legal Aid Commission office across Fiji

For further clarification, please contact:

- Mr Joseph Williams on phone 3309918/ 9906680 or email joseph.williams@govnet.gov.fj; or
- Ms Shania Hussain on phone 3309918/ 9986711 or email Shania.hussain@govnet.gov.fj.


Mr. Sanjeeva Perera
Permanent Secretary
Ministry of Housing and Community Development

APPLICATION FORM

REFUND OF MONIES PAID TO PEOPLE'S COMMUNITY NETWORK (PCN) FOR HOUSING UNITS CONSTRUCTED UNDER LAGILAGI HOUSING PROJECT

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

SECTION A: DETAILS OF APPLICANT

Full Name:

Current Residential Address:

Total Claim Amount (FJD):

District/Town/City:

Province:

Home Phone No:

Mobile No:

Date of Birth:

Birth Registration No.:

FNPF No.:

Taxpayer Identification No.:

SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)

Voter Identification Card No.: - -

Other valid photo identification (please specify): _____

SECTION C: BANK DETAILS

Account Name:

Bank Name:

Account Number:

SECTION E: ADDITIONAL DOCUMENTS

Attached to this application form are:

- Copy of birth certificate;
- Copy of valid photo identification;
- Certified copy of taxpayer identification number (TIN) letter or FNPF/FRCS joint card;
- Copy of recent bank statement (for verification of bank account details);
- Payment documents to People's Community Network – Central Division Branch (PCN); and
- Any written agreement executed by the Applicant and PCN.

SECTION F: DECLARATION

By ticking this box , I declare that:

- (a) I am a Fijian citizen;
- (b) I am 18 years of age or older;
- (c) I made payments to PCN;
- (d) I have not been refunded the money that I paid to PCN nor have I received any housing unit by PCN.

SECTION G: SIGNATURE

I, (full name) _____,

of (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.

(Signature)

Declared at _____ this _____ day of _____ 202____.

(Signature of witness)

Name of witness: _____

Occupation of witness: _____

Address of witness: _____

Contact details of witness: _____