

Employees' Provident Fund Payment of Benefits

(If part II of the application has not been certified by the employer complete and attach this form to the application.)

Personal Details of the Member

Name of the Member:

Membership Number:

Fingerprint of the member

Left	Right

.....
Signature of Member

I certify that the above fingerprints belong to bearing membership number and that they were placed before me.

Date:.....

.....
Signature of employee/ Grama Niladari

The Personal details of the member are as follows.

1. Full Name:
2. Address:
3. Age and date of birth:
4. Civil Status:
5. National Identity Card Number:
6. Name and date of birth of member's father:
7. Name of member's:
8. If member is married name of the spouse:
9. Name of the institution or estate employed:
10. Profession/Designation:
11. Natural marks if any, to identify the member:
12. Name of the person nominated by the member and relationship to him/her:

.....
Divisional Secretary (Seal)

.....
Signature of employee/Grama Niladari
Division No:
(Seal)

Date: