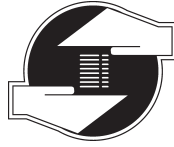


ISSUED FREE OF CHARGE

This form is also available in Sinhala and Tamil



Form No. VI

For office use only

## EMPLOYEES' TRUST FUND BOARD CLAIM APPLICATION FORM (Termination of Employment)

*Important:* Incomplete applications would cause delay in payment. Please read instructions on Page (4) before filling the application form.

### PART I

(TO BE COMPLETED BY THE MEMBER)

1. (i) Member's name (with initials): Mr/Mrs/Miss.....  
.....  
(ii) Name in full:.....  
(iii) Other names:.....
2. (i) Address:.....  
.....  
(ii) Telephone No. Office/Residence:..... Mobile:.....
3. (i) Age:..... (ii) Date of birth:.....
4. National Identity Card No. (Please refer Instructions, No. 05):.....
5. Full name of member's father:.....
6. Write clearly details of the employer/ employers in respect of which you are submitting the claim in the box below (if available, please attach last Annual Member Statement issued by the Board)

Date of appointment	Date of cessation of employment	Establishment/ Estate		Member	
		Name	EPF/ PPF No.	EPF/ PPF No.	Position

7. Cause of cessation of employment (Please refer Instructions, No. 01):.....  
.....
8. If employed presently, name of employer & EPF No. ....  
.....
9. Details of bank account (Please refer Instructions, No. 06):  
Type of account (savings/current/joint): .....  
Account No:..... Bank branch:.....  
Name of bank & address: .....  
.....

I do hereby declare that the foregoing facts given by me in this application are true and correct. I am aware that if I furnish any false information, I shall be liable to be prosecuted in a Court of Law.

Thumb impressions of member

.....

Signature of member

Left

Right

.....

Date

**PART II**

(TO BE COMPLETED BY THE EMPLOYER)

1. Name of Employer/Estate and address:.....  
.....
2. (i) Name of the employee according to National Identity Card (NIC):.....  
.....  
(ii) Full name of the member:.....  
(iii) Name according to the Form II or R4:.....
- 3 Member's NIC No.:.....
- 4 Cause of cessation of employment:.....
- 5 Employer No.:..... Member No:.....
6. (i) State below the period for which contributions were remitted on behalf of the member.  
Commencement of employment:      Year.....      Month.....  
End of employment:                      Year.....      Month.....

(ii) Please include in the following table the details of contributions you have made on behalf of the member after the year for which the last Annual Member Statement was issued by the Board.

Year	1st Half	2nd Half	Total Rs Cts	Remittance paid in R1/R4	If Form II return for the last half-year has not been submitted, details of contributions for that period	
					Month	Rs Amount Cts.
					January	
					February	
					March	
					April	
					May	
					June	
					July	
					August	
					September	
					October	
					November	
<b>Total</b>					December	

Note: If Annual Member Statements are not available, please indicate the contribution details half-yearly from the commencement of employment. If space provided is not sufficient, please attach a separate sheet.

7. CERTIFICATION: I certify that the information furnished above is true and correct. If the amount refunded to the applicant is greater than the actual amount of contributions remitted on behalf of the applicant as stated above, I certify that such difference will be paid to Employees' Trust Fund Board by our company/ estate/ institute. I also certify that:

- (i) Names appearing under 2 (i), (ii) and (iii) in Part II refer to one and the same person;
- (ii) The above employee has left our services;
- (iii) The employee placed his/her thumb marks and signature in my presence.

I am aware that if I furnish or cause to be furnished any false return or information relating to this claim I shall on conviction be liable to a fine or imprisonment under Section 39 of the Employees' Trust Fund Act No. 46 of 1980.

Employer's Name

Official Seal:

Designation:

Tele/Fax Number:

Signature of Employer

Date:

Manager (Claims)  
Employees' Trust Fund Board  
1<sup>st</sup> Floor, Labour Secretariat  
P.O. Box 807  
Colombo 5

Tel. : 011-2581704  
Fax : 011-2368037

## INSTRUCTIONS FOR COMPLETION OF THE CLAIM APPLICATION (FORM VI)

1. A member is entitled to withdraw ETF balance on termination of employment. However,
  - (i) While being employed, a claim cannot be submitted for a refund of contributions in respect of the current employer.
  - (ii) Having obtained payment for a claim another claim application/s could be submitted only after five years from the date of ending employment for which the previous claim was made. Termination of employment is compulsory even in this case.
2. Employees' Trust Fund Board has the right to request the member to submit whatever documents to establish the cessation of employment.
3. A separate claim application form should be submitted for each employment under different employers (member account).
4. If the applicant's name given in the application differs from the name appearing in the bank account, the employer should certify that those names refer to one and the same person.
5. Please submit a photo-copy of National Identity Card certified by the employer.
6. Members who do not have a Bank Account in their name or jointly are requested to open an account at any branch of a bank convenient to the member before making this claim and give details of the account in the application form. Attach a clear photocopy of the Pass Book or Statement where the Bank, branch, account number, name of the account holder and address are available. If you have not operated your bank account for a long period please check whether it is in operation before you give the bank details in this application.
7. Member is required to place thumb impressions and signature in the presence of the Employer.
8. If the Employer does not have a rubber stamp it should be stated by the Employer by a letter.
9. Please give a contact telephone number if available.
10. In case of change of address the new address should be intimated to the ETF Board.
11. In the event the employer has closed down business, member should fill in part I of this application form. Please submit the form giving details of the employer (Form VI C) completed and certified by the Grama Niladhari and the Divisional Secretary.
12. Completed applications may be handed over to the Head Office or Area Offices/ District Offices.