

EMPLOYEES' TRUST FUND BOARD

Form VI(C)

(For office use)

**IF THE EMPLOYER HAS NOT CERTIFIED PART II OF THE
CLAIM APPLICATION THIS FORM SHOULD BE COMPLETED
AND SUBMITTED ALONG WITH FORM VI**

1. Name of applicant :
2. Address :
3. Age & Date of Birth :
4. Marital status :
5. National Identity Card No. :
6. Father's name :
7. Mother's name :
8. If married, husband's/wife's name :
9. Name of Employment :
10. Employer's EPF/PPF No. Member No.
11. Employer has ceased to operate / functioning :
12. Applicant's thumb impressions:

Left

Right

.....
Signature

I certify that the above information is correct.

.....
Official Stamp

Date :

.....
Grama Niladhari's signature

Countersigned by:

.....
Official Stamp

Date :

.....
Divisional Secretary's signature