

**MINISTRY OF FINANCE AND PLAN IMPLEMENTATION**  
**EMPLOYEES' TRUST FUND BOARD**  
**SELF-EMPLOYMENT MEMBER APPLICATION**

REPORT TO BE SUBMITTED BY THOSE ENGAGED IN SELF -EMPLOYMENT (UNDER SECTIONS 18,19,20 AND 25OF THE ETF ACT.)

MEMBERSHIP NO

[For office use only].

- 01. FULL NAME OF THE APPLICANT : MR/MRS/MISS.....
- .....
- 02. SURNAME WITH INITIALS . :
- .....
- 03. NATIONAL IDENTITY CARD NUMBER : .....
- OF MEMBER
- 04. ADDRESS : .....
- .....
- TELEPHONE NUMBER : .....
- DISTRICT : .....
- 05. DATE OF BIRTH : .....
- 06. CIVIL STATUS : .....
- 07. FULL NAME OF SPOUSE- : .....
- 08. NATURE OF THE MEMBER' S SELF EMPLOYMENT: .....
- 09. THE NAME AND ADDRESS OF THE PALCE OF SELF EMPLOYMENT :.....
- 10. COMMENCEMENT DATE OF THE PAYMENT OF CONTRIBUTIONS:.....
- 11. MONTHLY CONTRIBUTION : .....
- 12. IN THE EVENT OF THE DEATH OF MEMBER BEFORE RECEIVING BENEFITS, THE PERSON THE MEMBER NOMINATES TO RECEIVE THE BENEFITS IS CALLED THE **"NOMIEE"**

| FULL NAME OF THE NOMINEE | AGE | NATIONAL IDENTITY CARD NO. | RELETION -SHIP | SHARE OR PORTION |
|--------------------------|-----|----------------------------|----------------|------------------|
| SURNAME                  |     |                            |                |                  |
| OTHER NAMES              |     |                            |                |                  |
| CHANGE OF PROPOSED NAME  |     |                            |                |                  |
| FULL NAME OF NOMINEE     |     |                            |                |                  |

I HEREBY DECLARE THAT THE ABOVE DETAILS ARE TRUE AND CORRECT.

I AM AWARE THAT MY MEMBERSHIP CAN BE CANCELLED IF THE DETAILS FURNISHED BY ME ARE PROVED TO BE FALSE

**THUMB IMPRESSIONS OF MEMBER:**

**LEFT**

**RIGHT**

.....  
**DATE:**

.....  
**SIGNATURE OF MEMBER.**

I DECLARE THAT THE INFORMATION FURNISHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE ABOVE MEMBER PLACED HIS THUMB PRINTS AND SIGNED BEFORE ME

.....  
SIGNATURE OF THE  
ZONAL BUSINESS MANAGER/  
JUSTICE OF PEACE/  
GRAMASEVA NILADARI/JP  
ATTORNEY-AT-LAW.

DATE:.....

NAME.....

**ADDRESS**.....

.....

.....

**ADDRESS**

**OFFICIAL STAMP**



NB. IT IS COMPULSARY THAT THE NATIONAL IDENTITY CARD NUMBER OF THE MEMBER (NUMBER 3 ABOVE) IS INDICATED IN THIS APPLICATION FORM.

M/.