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Date:

Deputy Commissioner of Labour
Employees Provident Fund
Department of Labor
Colombo – 5

Submission of claim file of Employees' Provident Fund benefits

Member Name: _____

National Identity Card Number / Valid Passport Number: _____

Membership number: _____

I _____

(Member Name)

having permanent resident in _____ Owing to this reason regarding

(Country name)

submission of the claim file I certify that _____

_____ **(Name of the authorized person)**

bearing _____ is my _____

(National Identity Card Number)

(Relationship with Member)

I assure you that I accept all responsibility for claim submission in absentia.

I also placing a request to deposit all benefits belong to me in the bank account below.

Member name: _____

Account number: _____

Bank name: _____

Branch name: _____

(If your account is a joint account you have to handover letter of bearing responsibility by yourself)

Member's thumb impression	

Member's signature

Left

Right

Foreign address:

Phone number: _____

Permission from Embassy

I'm certifying that the above thumb mark was impressed in front of me by _____

(Member's Name) bearing the passport number of _____.

(Passport Number)

Signature: _____

Name: _____

Designation & Stamp: _____