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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) Members' name (with initials) : Mr./Mrs./Miss :
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- (ii) Name in Full :
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- (iii) Other Names :
2. (i) Address:
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- (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:
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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 the 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)
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8. If employed presently, name of employer & EPF No.
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- 9 Details of bank account (Please refer Instructions, No 06)
- Type of account (saving/current/joint) :
- Account No: Bank Branch :
- Name of Bank and address:
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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 EMPLOYEE)

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 R 4:
3. Member's NIC No:
- 4 Cause of cassation 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	1 st Half	2 nd Half	Total		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	Amount
			Rs.	Cts.		Rs.	Cts
						January	
						February	
						March	
						April	
						May	
						June	
						July	
						August	
						September	
						October	
						November	
Total						December	

Note: If annual member statements are not available, please indicated the contribution details half-year 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 reference 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
1st Floor, Labour Secretariat
P.O. Box 807
Colombo 50

Tel. : 011-2581704
Fax : 011-2368037

INSTRUCTIONS FOR COMPLETION OF THE CLAIM APPLICATION (FORM IV)

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 appears in the bank account, the employer should certify that those names refers to the one and same person.
5. Please submit a photocopy of National Identity Card certifies by the employer.
6. Member who do not have a Bank Account in their name or jointly are requested 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. Attached 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 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 given details of the employer (Form VI C) completed and certified by the Grama Niladari and the Divisional Secretary.
12. Completed, applications may be handed over to the Head Office or Area Offices/ District Offices.