

**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/.