EMPLOYEES' TRUST FUND BOARD Application for permanent Disability Insurance Cover

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Part	I []	To be completed by the member]				
01.	I.	Name of member (with initials)				
	II	Names denoted by initials				
02.		Address :				
03.		(i) Age: (ii) Date of Birth:				
04.		National Identity Card No :				
05.		Employer's name & Address:				
06.		I. EPF/PPF Number of Employer:				
.		II. Membership No:				
07.		Date of joining the establishment;				
08.		Details of Bank Account : (i) Name of Bank				
		(ii) Bank Branch				
		(iii) Account No				
09.		Date of Accident/Commencement of Illness:				

10.	Nature of Accident /Illness :
11.	Date of admission to Hospital ;
12.	Date of discharged from Hospital;
13.	Name of hospital to which you were admitted:
14.	Have you become permanently disabled as a result of the accident;
	If so the effective date of disability as recommended by the Medical Officer.
15.	Date of loss of employment due to permanent disability:

I do hereby declare that the foregoing facts are true and correct. I am aware that I shall be liable for prosecution in a Court of Law if I have furnished any false information.

Thumb impressions of member:

Left Right

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Signature of Member

Date ;....

Telephone No:....

<u>Part 2</u> [To be completed by the employer]
01. I, the manager / Administrator / proprietor* of
(name of establishment)
atat
(address)
hereby certify that Mr/Mrs/Miss*
(name of member)
bearing EPF/PPF Noand having NIC No
has been serving in this establishment and that his/her* services were
terminated as he/she* has become permanently disabled owing to
From

02. We further certify that we have remitted ETF contributions on behalf of this employee continuously up to the date his / her* services were terminated [as referred to in 1 above] to the ETF Board, and that he / she is no longer employed in our establishment. Details of contributions remitted and salary paid to him/her8 for the twelve months prior to the month in which he/she8 became disabled are given below:

Month	Salary	Contribution

03. In addition to above, we give below the details of ETF contributions remitted in respect of all our employees, during the above mentioned twelve months;

Month	Total Contribution paid to ETF	Date of Payment	Cheque No.

- 04. Whether contributions for the above period were made through Form R1 or Form R4:....
- 05. If contributions are remitted through Form R1, Form II returns for the relevant period [please tick relevant cage]:
 - i) Have already been sent to the ETF and his / her* name has been included in the return:

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ii) Is to be sent in due course and his/her* name will be included in the return.

I do hereby declare that the foregoing facts are true and accurate. I am aware that if I furnish any false information I shall be liable for prosecution in a Court of Law under Section 39 of the Employees' Trust Fund Act.

Date;.....

*Please delete whichever is inapplicable

Signature of Employer

Seal Tel.no.

EMPLOYEES' TRUST FUND ACT NO. 46 of 1980 Medical Certificate

To: The Chairman, Employees' Trust Fund board, Colombo 5

I, a registered Medical Practitioner be that I have this	aring Registration No	do hereby declare
[nam	e of patient]	
who is a member of the Employees'		•
and totally incapacitated and unfit%.	a	and in consequence permanently

The said	d	place	b
his/her	signature and thumb	marks on this certificate in my presence.	

Thumb marks of member:

Left

Right

Signature of Member

Signature of Medical practitioner

Date ;....

Seal :

Telephone No: