







මෙම සේවකයා අප ආයතනයේ සේවයෙන් ඉවත්වී ඇති බවත්, ප්‍රතිලාභ ඉල්ලුම්පත්‍රය අත්සන් කොට ඔහුගේ / ඇයගේ මහපැහිලි සලකුණු මා ඉදිරිපිට තැබූ බවත් සහතික කරමි.

මෙම සේවකයා පණියාගාර් ආදිය සේවයේ සිටිමින් සිටියදී විවිධ වැඩි වුවහොත්, එම වෙනස සේ.නි.භා.අරමුදල් මණ්ඩලයට ගෙන බවට පොරොන්දු වෙමි. මෙම ප්‍රතිලාභ ඉල්ලීම සම්බන්ධයෙන් වැරදි වාර්තා හෝ තොරතුරු සැපයීම/ඉදිරිපත් කිරීම හෝ එසේ කිරීමට අනුබල දීම හේතුවෙන් ගෙන වරදකරුවෙකු වුවහොත් 1980 අංක 46(1) දරණ සේවා නියුක්තියන්ගේ භාර අරමුදල් පනතේ 39 වන වගන්තිය යටතේ දඩයකට හෝ සිර දඬුවමකට යටත් විය හැකි බව මම දනිමි.

The above employee has ceased his / her employment with us and the employee placed his/ her thumb marks and signature in my presence.

මෙම සේවකයා අප ආයතනයේ සේවයෙන් ඉවත්වී ඇති බවත්, ප්‍රතිලාභ ඉල්ලුම්පත්‍රය අත්සන් කොට ඔහුගේ / ඇයගේ මහපැහිලි සලකුණු මා ඉදිරිපිට තැබූ බවත් සහතික කරමි. අයදුම්කරුට ගෙවනු ලබන්නා වූ දායක මුදල සහ වශයෙන් අරමුදලට ජ්‍යෙෂ්ඨ කර ඇති දායක මුදලට වඩා වැඩි වුවහොත්, එම වෙනස සේ.නි.භා.අරමුදල් මණ්ඩලයට ගෙන බවට පොරොන්දු වෙමි. මෙම ප්‍රතිලාභ ඉල්ලීම සම්බන්ධයෙන් වැරදි වාර්තා හෝ තොරතුරු සැපයීම/ඉදිරිපත් කිරීම හෝ එසේ කිරීමට අනුබල දීම හේතුවෙන් ගෙන වරදකරුවෙකු වුවහොත් 1980 අංක 46(1) දරණ සේවා නියුක්තියන්ගේ භාර අරමුදල් පනතේ 39 වන වගන්තිය යටතේ දඩයකට හෝ සිර දඬුවමකට යටත් විය හැකි බව මම දනිමි.

මෙම සේවකයා අප ආයතනයේ සේවයෙන් ඉවත්වී ඇති බවත්, ප්‍රතිලාභ ඉල්ලුම්පත්‍රය අත්සන් කොට ඔහුගේ / ඇයගේ මහපැහිලි සලකුණු මා ඉදිරිපිට තැබූ බවත් සහතික කරමි. අයදුම්කරුට ගෙවනු ලබන්නා වූ දායක මුදල සහ වශයෙන් අරමුදලට ජ්‍යෙෂ්ඨ කර ඇති දායක මුදලට වඩා වැඩි වුවහොත්, එම වෙනස සේ.නි.භා.අරමුදල් මණ්ඩලයට ගෙන බවට පොරොන්දු වෙමි. මෙම ප්‍රතිලාභ ඉල්ලීම සම්බන්ධයෙන් වැරදි වාර්තා හෝ තොරතුරු සැපයීම/ඉදිරිපත් කිරීම හෝ එසේ කිරීමට අනුබල දීම හේතුවෙන් ගෙන වරදකරුවෙකු වුවහොත් 1980 අංක 46(1) දරණ සේවා නියුක්තියන්ගේ භාර අරමුදල් පනතේ 39 වන වගන්තිය යටතේ දඩයකට හෝ සිර දඬුවමකට යටත් විය හැකි බව මම දනිමි.

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, I undertake to pay such difference to Employees' Trust Fund Board by our Company / Estate/ Institute. I also certify 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 (1) of 1980.

සේවායෝජකගේ නම } සහතික කරන නිලධාරියාගේ / සානුරූප්වලින් /  
 தொழில் வழங்குநரின் பெயர் } ..... Certifying officer's  
 Employer's Name

ලිපිනය: } ..... නම/ பெயர் / Name.....  
 முகவரி : } .....  
 Address: } ..... අත්සන / கையொப்பம் / Signature .....

දුරකථන අංක } ..... නනතුර / பதவி / Designation.....  
 தொலைபேசி } .....  
 Tele. Number } .....  
 දිනය / திகதி / Date: .....  
 නිල මුද්‍රාව }  
 அலுவலக முத்திரை }  
 Official Seal

කළමනාකරු - ප්‍රතිලාභ } .....  
 සේවා නියුක්තියන්ගේ භාර අරමුදල් මණ්ඩලය } .....  
 19 මහල, මෙහෙවර පියස } .....  
 තැ.පෙ. 807, කොළඹ 05. } .....  
 முகாமையாளர் - கோரல்கள் } .....  
 ஊழியர் நம்பிக்கைப் பொறுப்பு நிதியச்சபை } .....  
 19 ஆவது மாடி,மெஹவர பியஸ, } .....  
 த.பெ.807, கொழும்பு - 05. } .....  
 Manager - Claims } .....  
 Employees `Trust Fund Board } .....  
 19<sup>th</sup> Floor, Mehewara Piyesa } .....  
 P.O.Box 807,Colombo 05. }

දුරකථනය } 011-7747200 } ගැකිස් }  
 தொலைபேசி } 011-2581704 } தொலைநகல் } 011-7747229 } විද්‍යුත් ලිපිනය }  
 Tel. } } Fax } } மின்னஞ்சல் } mgrclm@etfb.lk  
 E-Mail }  
 වටිස්ඇප් } 071-3101917 } වෙබ් අඩවිය }  
 வட்ஸ்அப் } } இணையத்தளம் } [www.etfb.lk](http://www.etfb.lk) } Online Appoinment :- 011-2103010  
 Whatsapp } } web site }



- (iii) உங்களது வங்கிக் கணக்கினை நீங்கள் 06 மாத காலத்திற்கு செயற்படுத்தாதிருந்தால், இந்த விண்ணப்பத்தில் அந்த வங்கி பற்றிய விபரங்களை வழங்குவதற்கு முன்னர் அது செயற்பாட்டிலுள்ளதா என்பது பற்றி பரிசீலிக்கவும்.
  - (iv) உரிமைக் கோரல் விண்ணப்பப்படிவத்தைச் சமர்ப்பித்ததன் பின்னர் வங்கிக் கணக்கு இலக்கம் மாற்றப்பட்டால் ஆதார ஆவணங்களுடன் புதிய கணக்கு இலக்கம் பற்றிய விபரங்களை சபைக்கு தயவுசெய்து அறிவிக்கவும்.
  - (v) விண்ணப்பப்படிவத்தில் தரப்பட்டிருக்கின்ற விண்ணப்பதாரியின் பெயர் வங்கிக் கணக்கிலிருக்கின்ற பெயரிலிருந்து வேறுபடுமாயின், வங்கியினால் அது திருத்தப்பட்டு அந்த திருத்திய வங்கிப் புத்தகத்தின் நிழற்படப் பிரதியொன்றை சமர்ப்பிக்கவும்.
10. அங்கத்தவர் தொழில் வழங்குநரின் முன்னிலையில் தனது பெருவிரல் அடையாளத்தையும் கையொப்பத்தையும் இடுதல் வேண்டும்.
  11. தொழில் வழங்குநர் வசம் இரப்பர் முத்திரை இல்லாதிருப்பின் அது பற்றி தொழில் வழங்குநரால் கடிதமொன்றின் மூலம் தெரியப்படுத்துதல் வேண்டும்.
  12. பூரணப்படுத்திய உரிமைக் கோரல் விண்ணப்பங்களை சபையின் தலைமை அலுவலகத்தில் அல்லது பிராந்திய அலுவலகங்களில் கையளிக்க முடியும்.

## **EMPLOYEES' TRUST FUND BOARD - PAYMENT OF CLAIMS**

### **General Instructions**

A member is entitled to withdraw ETF balance on termination of employment. However,

- (i) A claim for refund of contributions cannot be submitted while being employed, 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.
1. Employees' Trust Fund Board has the right to request the member to submit whatever documents in proof of termination of employment.
  2. In case a member has worked under more than one Employer, a separate application for each Employer has to be submitted. All applications, which should be certified by respective Employers, should be submitted all together.
  3. If you have worked in several institutions, you can certify the application from the last institution, and submit the application along with a document confirming the service to the previous institutions. VI-A applications for estates and institutions previously employed with the PF letter must be certified separately by the employer and submitted simultaneously.
  4. In the event the Employer has closed down business, member should fill in Part I of this application form. In addition, Form VI-C and indemnity letter should be completed and certified by the Grama Niladhari and the Divisional Secretary in your area.

### **Instructions for completion of the Claim Application**

5. Please write the member's **name in English block letters** in 1 (i) of 1st page.
6. Any change of address after submission of the application should be notified to the Board.
7. Please give a contact telephone number.
8. Please submit a photo-copy of the National Identity Card certified by the last Employer
9. (i) Members who do not have a Bank Account in their name or jointly are requested to 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. Please note the following:
  - (ii) Attach a clear photocopy of the Pass Book or Statement showing the Bank, branch ,account number, name and address of the account holder.
  - (iii) If you have not used your Bank account during the period of last 6 months, please check whether it is in operation before you give the bank account details in the application.
  - (iv) If the Bank account is changed after submission of the claim application, please notify the Board the details of the new Bank account along with supporting documents.
  - (v) If the name given in the Claim application differs from the name appearing in the Bank Pass Book, please get the Bank to correct the name and submit a photo-copy the Pass Book.
10. Member is required to place thumb impressions and signature in the presence of the Employer.
11. If a rubber stamp is not available, the Employer should state so in a letter.
12. Completed applications may be handed over to the Head Office or Regional Offices of the Board.