

**EMPLOYEES' TRUST FUND BOARD**

**Form VI(C)**

*(For office use)*

**IF THE EMPLOYER HAS NOT CERTIFIED PART II OF THE  
CLAIM APPLICATION THIS FORM SHOULD BE COMPLETED  
AND SUBMITTED ALONG WITH FORM VI**

1. Name of applicant : .....
2. Address : .....
3. Age & Date of Birth : .....
4. Marital status : .....
5. National Identity Card No. : .....
6. Father's name : .....
7. Mother's name : .....
8. If married, husband's/wife's name : .....
9. Name of Employment : .....
10. Employer's EPF/PPF No. .... Member No. ....
11. Employer has ceased to operate / functioning : .....
12. Applicant's thumb impressions:

Left

Right

.....  
Signature

I certify that the above information is correct.

.....  
Official Stamp

Date :

.....  
Grama Niladhari's signature

Countersigned by:

.....  
Official Stamp

Date :

.....  
Divisional Secretary's signature