Data Entry Form of Pensioners Resident Abroad (Fill this Form using with only Block Capitals)

2 Certified Passport size Photograph							Resident Country: Pension /W&OP No:							
Put where Appl	icable													
)1. Personal	Details of the P	ensioner	,											
i) Pension T	Гуре		Civil W&OP Forces Local Government											
ii) Pension N	Number :													
iii) W&OP R	egistration Nur	nber :												
iv) Widows'/Orphans Pension Number :														
v) Last Nam	e with initials:				-	-	-	-	-					
vi) Names de	noted by Initial	s												
vii) Address (Fo	oreign)													
Town/City Postal Code Country	>													

viii)	Details of Permanent Resident:
	a) Permanent Resident Card No:
	b) Foreign Passport No:
	c) The Date received of Permanent Resident : DD/MM/YYYY
	d) Whether have dual Citizenship: Yes No
	d) If so Address in Sri Lanka :
	Town/ City
	Town/ City
	Post Code Telephone:
ix)	Sex : Male: Female :
x)	Date of Birth: DD/MM/YYYY
xi)	National ID No (Sri Lanka):
xii)	Civil Status : Married Bachelor
	Widow Divorced
xiii)	The Period Resident in abroad: Years Months Days
xiv)	E-mail:
xv)	Web Address :
xvi)	Telephone No:
xvii)	Fax No:

02.	Dep	endents	s Infor	mati	on (Pl	ease	fill	l wh	nere	appl	icat	ole)										
	I)	Is S	pouse	Livi	ing	Y	es					No)									
	II)	Full	Name	of th	ne Spou	ise:																
	III)	NIC	Numb	er of	f Spous	e:																
IV) Permanent Resident Card No: V) Date of Birth of Spouse: DD/ MM/ YYYY													-									
											D/ MM/ YYYY											
03.	Deta	ils of De	epende	ents.																		
Name												f Bir		Se:			Civ Statu	il s (M/I		EUI)	
	Last	Name			First	Nan	ne															
1 2																						
3																						
5																						
Sex: Civil S	Status :	M - M - E -	F- Female S – Single U – Unemployed D – Disable																			
04.	Pens	ion Pay	ment I	Detail	ls – Pro	cedi	ure (of d	rawii	ng pe	nsio	on										
	I.	Pres	ent me	thod	of drav	wing	g pei	nsio	n													
		High	n Com	missi	ioner																	
		Crov	wn Ag	ent																		
		Con	sul Ge	enera	1																	
		Sri I	Lanka			Γ																

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I declare that Mr/Mrs			 			
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		day of	 •	• • • • • • • • • • • • • • • • • • • •	<i>a</i>	at
	Name	:	 •	• • • • • • • • •		
Signature of the Attester	Designation	:	 			. .
	Address	:	 			••

Please send the above details to reach below address.

Department of pensions, Foreign pension Branch, Colombo 10, Sri Lanka

Tel : +94112320439, +94112431647

Email : <u>pensions@sltnet.lk</u> Fax : 94112342078

Web : www.pensions.gov.lk

K.A.THILAKATATHNE.

Director General of pensions

- 1) please logon to the <u>www.pensions.gov.lk</u> for downloading this form.
- 2) If both widow or widower and pensioner should fill two copies of this form.
- 3) Not sending of this form shall liable temporary discontinuation of payment of pension.