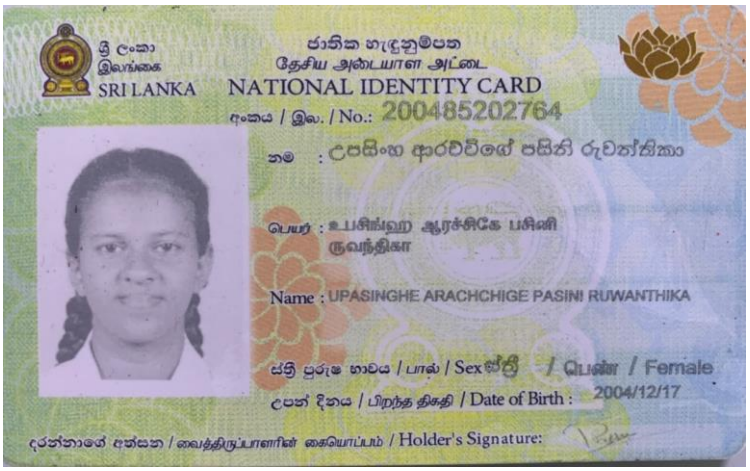
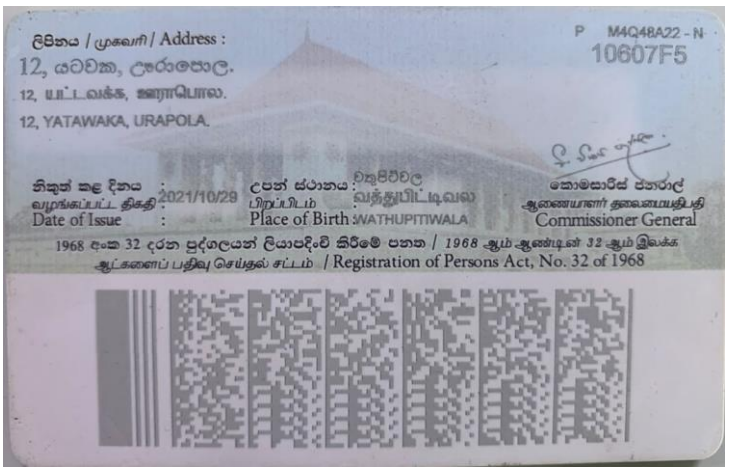
RR FORM

Current NIC copy of the member ⇩

Serial No. 6





To be filled by the member (Please fill in block letters)

EPF No. I 2 9 2 7 9 8 (Zone Code / Employer Number / Member Number)

NIC No. 2 0 0 4 8 5 2 0 2 7 6 4

Full name according to the NIC - U P A S I N G H E A R A C H C H I G E P A S I N I R U W A N T H I K A

Name with initials according to the NIC - U A P R U W A N T H I K A

Mobile No. - 7 1 1 5 9 1 1 0 2

E-mail -

I wish to obtain the : (Insert " √" as required)

- ☐ EPF Internet facility
- ☑ EPF SMS facility

Signature of the member - _____

To be certified by the employer

I hereby certify that the above mentioned **current NIC copy & filled information** is true & accurate.

Date _____

Name, Signature and Rubber Stamp of the employer _____