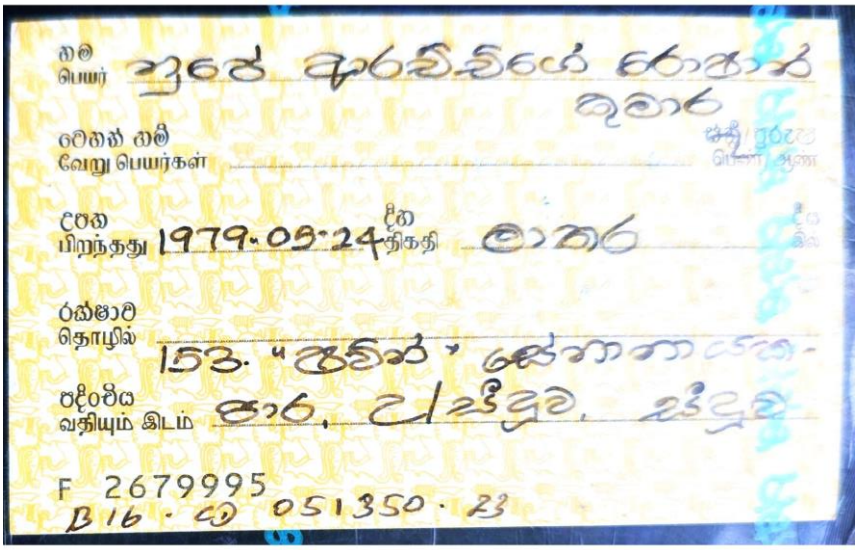
RR FORM

Current NIC copy of the member ⇩

Serial No.
1





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

EPF No. I 2 9 2 7 9 6

Zone Code | Employer Number | Member Number

NIC No. 7 9 1 4 5 0 8 0 2 V

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

Name with initials according to the NIC - N A R K U M A R A

Mobile No. - 7 7 7 2 5 0 2 6 5

E-mail - r o s h a n n u p e a r a c h c h i 6 @ g m a i l . c

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