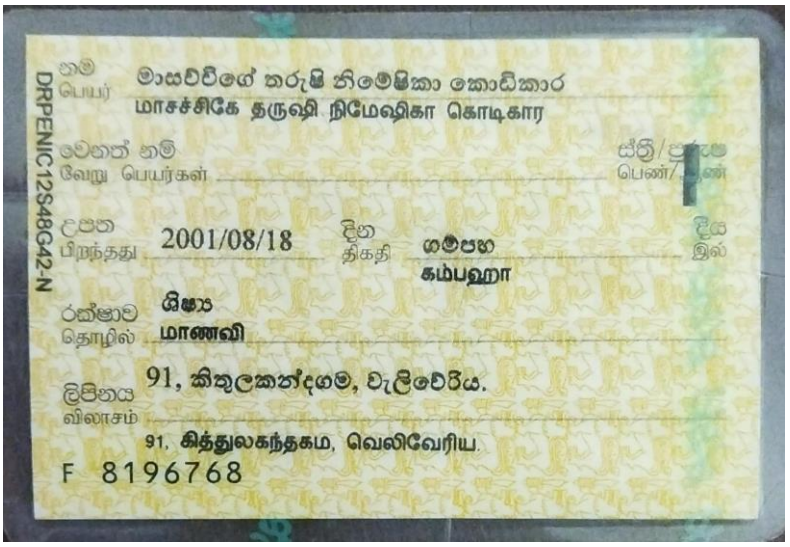
RR FORM

Current NIC copy of the member ⇩

Serial No.
4





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

EPF No. I 2 9 2 7 9 7 NIC No. 200173100408

Zone Code | Employer Number | Member Number

Full name according to the NIC - MASACHCHIGE THARUSHI NIMESHIKA KODIKARA

Name with initials according to the NIC - MTN KODIKARA

Mobile No. - 712346644

E-mail - lahiruc700@gmail.com

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