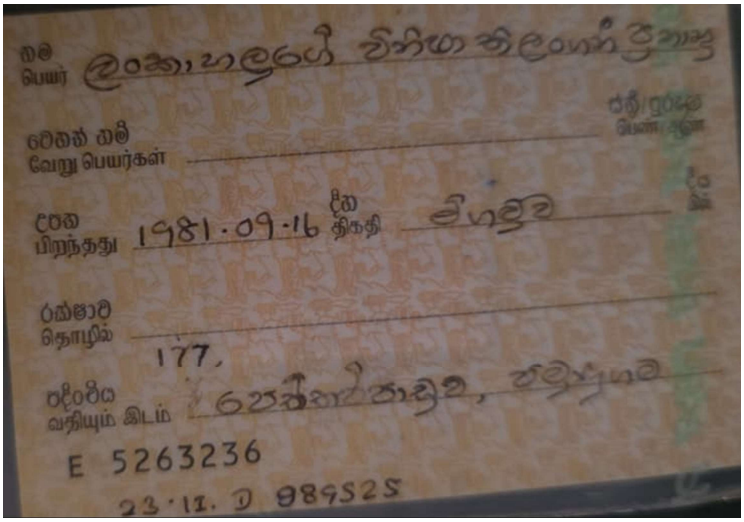
RR FORM

Current NIC copy of the member

Serial No. **2**





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

EPF No. I 2 9 2 7 9 1 1 NIC No. **8 1 7 6 0 1 8 5 5 V**

Zone Code | Employer Number | Member Number

Full name according to the NIC - L A N K A H A L U G E V I N I S H A T H I L A N G A N I F E R N A N D O

Name with initials according to the NIC - L V T F E R N A N D O

Mobile No. - 7 4 0 0 0 7 8 1 9

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