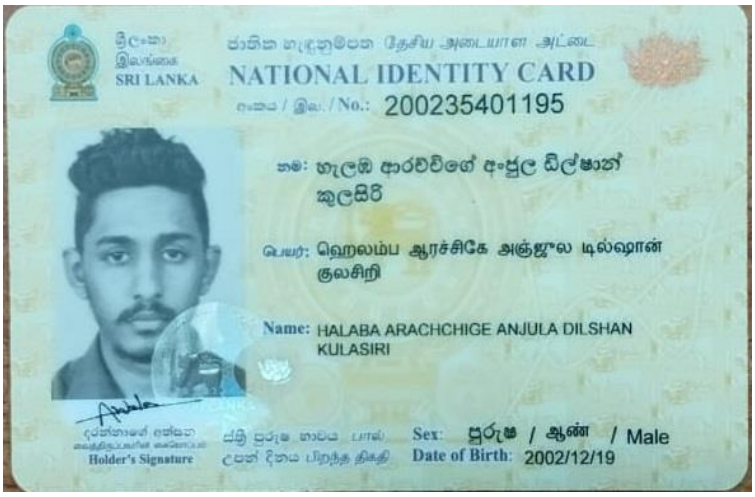
RR FORM

Current NIC copy of the member ⇩

Serial No. 5





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

EPF No. I 2 9 2 7 9 1 0 (Zone Code / Employer Number / Member Number)

NIC No. 200235401195

Full name according to the NIC - HALABA ARACHCHIGE ANJULA DILSHAN KULASIRI

Name with initials according to the NIC - HAAD KULASIRI

Mobile No. - 764040355

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 _____