**RR FORM**

Current NIC copy of the member ⇩

| Serial No. |
|---|
| 3 |







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

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

Zone Code | Employer Number | Member Number

Full name according to the NIC - M A D A W A K A L I Y A N A G E

M A L I T H A L A K S I R I P E R E R A

Name with initials according to the NIC - M L M L P E R E R A

Mobile No. - 7 7 2 0 0 3 3 6 1

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