

THE ESTATES STAFFS' PROVIDENT SOCIETY

Trustee: The Planters Association of Ceylon (Inc.)



32, Vajira Road
P.O.Box 855
Colombo 05

Regd No. PPF/39

Telephone : Colombo – 2506959

Fax : Colombo – 2595729

Please quote Membership Number
in all correspondence

APPLICATION FOR WITHDRAWAL OF PROVIDENT FUND

TO BE COMPLETED BY THE MEMBER

1. Full Name
2. Membership Number
3. Date of Birth
4. Present Address
5. Contact Telephone No.
6. Annex original letter from your employer accepting your Retirement/Resignation indicating effective date.
7. Date of Retirement
8. Have you sought or are you employed in any other covered employment? *
If so, give name and address.....
9. Income Tax File Number (if any) under self-assessment scheme.....
10. Bank Account details - Name of Bank & Branch
- Account Type/No

(Kindly ensure that bank details are accurate as this information cannot be subsequently changed)

I hereby declare that to the best of my knowledge and belief, all the statements contained in this declaration are true and correct.

Date NIC No Signature of Member

Note : * Covered employment shall mean, employment under an Employer or self employed, where Provident fund benefits are payable.

TO BE COMPLETED BY THE EMPLOYER

1. Date of cessation of employment of the member
2. Final contributions on behalf of the member up to the date of cessation of employment, which you will be remitting direct to the Bank
3. Employer/Employee final contribution details up to the date of cessation, in respect of the final payment
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4. Whether the member has filed a Labour Tribunal Case against the estate/organization for re-instatement

I hereby certify that the information given above and the appended specimen signature is of Mr/Mrs/Miss who was employed on Estate/Organisation who had contributed to the Estates Staffs' Provident Society under membership number

Name of the Estate/Organization

.....
Member's Signature

Superintendent/Manager
(Official Rubber Stamp)

Date