

THE ESTATES STAFFS' PROVIDENT SOCIETY
ENROLMENT FORM "B"- (AMNESTY PERIOD – 01 APRIL TO 31ST MAY 2018)

1. Name in full

Mr	Mrs	Miss
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 . :
.....
2. Name with initials :
.....
(for the purpose of correspondence)
3. Civil Status :
.....
4. National identity card Number :
.....
5. Applicant's personal Address :
.....
6. Applicant's Telephone Numbers :
.....
7. Email Address :
.....
8. Applicant's Designation :
.....
9. Monthly consolidated earnings :
Rs.....
10. ESPS Membership number :
.....
(If the applicant had been a member of
the ESPS previously)
11. Date of withdrawal of Previous Provident Fund :
.....
12. Date of Birth :
.....
13. Date of commencement of current Employment :
.....
14. Employer's name in full :
.....
15. Address of Employer :
.....
16. **DECLARATION BY EMPLOYEE** :
- 16.1 I am on a contract of service & I agree to contribute to the Society's Fund monthly, such sum as may from time to time represent not less than 10% of my earnings.
- 16.2 I, declare that the particulars stated above are correct and I hereby apply to be admitted as a member of the Estate Staffs' Provident Society and agree to be bound by the rules now in force and any alteration thereof by rescission, amendment or addition which may be duly adopted.
- 16.3 I further agree that in the event of premia on any insurance policy which I hold being paid through
the Estate Staffs' Provident Society, all cash dividends, cash bonuses, cash rebates, proceeds on maturity and any funds arising from or payable under such insurance shall be paid into my account with the Society.

16.4 My employer has seen this Application and has endorsed the same to testify to the correctness of the statements contained herein. My employer is a duly registered contributor to the Fund of the Society.

.....
Signature of Applicant

Date

DECLARATION OF EMPLOYER

I certify to the correctness of the statements contained in the Application, and I agree to pay on behalf of this Applicant the share of my contribution.

.....
Signature of Employer

Note :

Please notify the Secretary of any change of address.

Evidence of age. Birth certificate or certified copy or the National Identity Card (both sides) or any one of the following accompanied by a "Result of Search of Registers" Certificate, Passport, Baptismal Certificate, Affidavit, Sri Lanka Citizenship Certificate (in the case of citizens by registration)

Period

THE ESTATES STAFFS' PROVIDENT SOCIETY

PLEASE COMPLETE AND RETURN

**SPECIMEN SIGNATURE
OF**

Mr./Mrs./Miss
(Full Name)
Membership Number.....
Postal Address
.....
(1)
(2)
(3)

ONE Form of Signature required in THREE places.

I hereby certify that the above are Specimen Signatures of
Mr./Mrs./Misswho is
Employed onEstate/Organization
and contributes to the Estates Staffs' Provident Society
under membership number

Signature
Superintendent/Authorized Officer
(Official Rubber Stamp)
.....Estate/Organization

Witnesses :-

(1) Signature
Designation
Address
Date :

(2) Signature
Designation
Address
Date :

NOMINATION FORM A
THE ESTATE STAFFS' PROVIDENT SOCIETY

Membership No.....

Iof

.....

being a member of the Estates Staffs' Provident Society, do
hereby

Mr	Mrs	Miss
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 nominate and appoint
(Full Name)

.....

.....hsjhsj
dhsdhs