

THE CEYLON PLANTERS' PROVIDENT SOCIETY

Trustee: The Planters' Association of Ceylon (Inc)



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

Telephone : Colombo - 2507604
Fax : Colombo - 2502265
Email : pack@eureka.lk

Please Quote Membership Number

APPLICATION FOR WITHDRAWAL OF PROVIDENT FUND

TO BE COMPLETED BY THE MEMBER

1. Full Name :
2. Membership Number : 3. Date of Birth :
4. Address after retirement/resignation :
5. Contact Telephone No : 6. Income Tax File No:
7. Annex ORIGINAL letter from your employer accepting your Retirement/Resignation stating effective date.
8. Date of retirement/resignation:..... 9. Designation:.....
10. Have you sought or are you employed in any other covered employment ? (a)
If so, give name and address:.....
11. Bank Account Details - Name of Bank:.....
- Branch :
- Account No. (Current/Savings):

I confirm that I am aware that should I wish to re-join the Society at a later date, I should repay the amount withdrawn in one lump sum.

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.....

IDENTITY & CERTIFICATION OF SIGNATURE OF APPLICANT

I hereby certify the appended signature is of Mr/Mrs/Miss.....
.....NIC No.....

Signature of Member

Official Rubber Stamp (b)

Note:-

- (a) Covered employment shall mean, employment under an Employer or self employed, where provident fund benefits are payable.
- (b) Should be certified by a Director, CEO, General Manager of the company, Board/ Corporation or Attorney-at-Law N.P., / Commissioner of Oaths/ Notary, under the official seal.