

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 IN BLOCK LETTERS

1. Full Name Mr./ Mrs./ Miss:
 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 N I C 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. Employer/Employee final contribution details up to the date of cessation, in respect of the final payment

MONTH	EMPLOYER	EMPLOYEE	TOTAL	REMITTING DETAILS		
				DATE	CHEQUE NO	AMOUNT
.....

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: