CHANGE OF EMPLOYER

THE CEYLON PLANTERS' PROVIDENT SOCIETY

1	Member's name in full	:
	(Please underline surname)	:
2	CPPS Membership Number	:
3	National I.D No	:
4	Designation	:
5	Member's address - (i)Official	:
	- (ii) Resident :	
6	Contact Telephone No.	: E-mail:
7	Employer's name & address	:
8	Date of Commencement of Employment with present empl	oyer:
9	Declaration	:
9.1	I the undersigned, declare that the particulars stated above are correct 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.	
	Date	Signature

Note:

This Form must be accompanied by an employer's declaration on Form B.