

THE SRI LANKA PLANTERS' BENEVOLENT FUND

Trustee: The Planters' Association of Ceylon (Inc.)
32, Vajira Road, P.O.Box 855, Colombo 05.
Telephone: 011 2587013, 0112592683 Facsimile: 011 2502265
Email: pack@eureka.lk

<u>APPLICATION FOR ASSISTANCE – ONE TIME PAYMENT</u>

1.	Name in Full: (Block Letters)	
2.	Contact details: Telephone 2.1 Mobile:	
	2.2 Land:	
	2.3 E-mail:	
3.	Membership Registration No:	
4.	Present Address :	
5.	Date of Birth: 5.1 Place of Birth: Please attach a copy of Birth Certificate	
6.	Nature of assistance sort from the fund: (Cataract operation or Hearing Aid)	
7.	Original Supporting Documents Attached: (Please Specify with ✓)	Diagnosis Card (If available) Prescriptions Bills Copy of NIC Other

8.	Bank Account Details to deposit the money:		
9.	Any other facts you may consider worth mentioning.		
I hereby certify that the foregoing information is correct.			
	Date	Signature of Applicant	
	RESULT OF APPLICATION		
	Appro	val of Secretary	