

(For office use)

Chairman
 Employees' Trust Fund Board
 P.O. Box 807, Labour Secretariat
 Colombo 5

**REPORT FORWARDED BY THE GRAMA NILADHARI /
 DIVISIONAL SECRETARY / SUPERINTENDENT OF THE ESTATE ON
 BEHALF OF A DECEASED MEMBER**

- 01 Full name of the deceased member Mr/Mrs/Miss
- 02 Address of the deceased member
- 03 Date of Birth 04 Civil Status
- 05 Full name of the claimant Mr/Mrs/Miss
- 06 Address of the claimant
- 07 Relationship to the deceased member
- 08 Full name of the parents of the deceased member:
 Mother:
 Father :
- 09 If the parents of the deceased member are not alive, give details:.....

- 10 (i) Whether the deceased member had children Number
- (ii) Whether the deceased member had brothers / Sisters Number
- 11 (i) Given below are the details of children (if married) / Brothers / Sisters (if unmarried)

Name	Relationship to the deceased	Age
1		
2		
3		
4		
5		
6		
7		
8		

(ii) The undersigned children/ brothers/sisters of the deceased who are over 18 years of age have no objection whatsoever in paying our share of benefits to our Mother / Father /Brother /Sisters /Claimant.

Name	Relationship to the deceased	Signature
1		
2		
3		
4		
5		

12 Declaration regarding guardianship

I am
(guardian's name and relationship)
the guardian of the minor children / brothers and sisters (under 18 years of age and not married) whose names are given below, and they are under my custody.

Name of minor children / brothers and sisters	Relationship to the deceased	Age
1		
2		
3		
4		

Signature of guardian :

Date:

Thumb Impressions of the claimant

Left

Right

Signature of claimant

Date:

- 13 (i) Details of property of the deceased member:
- (ii) The above property is worth Rs.
- (iii) If a testamentary case has been filed regarding the above property;
Case No.
Name of the Court
- (iv) The deceased had written/not written his last will.
- (v) The deceased was / was not an income tax payer.

I certify that the
(name of the deceased)

was residing at
.....
(give address)

Grama Sevaka area, and the items mentioned from 1 to 13 in the application were examined by me and found correct. The above-mentioned claimant placed his/her thumb impressions and signature in my presence

Date:

Signature of GSN & Official Seal

Date:

Signature of Divisional Secretary & Official Seal

Only for Estate Employees

We certify that was an employee
(*name of the deceased*)
of our estate bearing EPF /PPF No.and the details given in items 1 –
13 according to our knowledge are correct.

Signature of Superintendent of Estate
Official Seal

Details regarding applicant's: Bank account [Savings / Current / Other] Account No. Name of the Bank Branch [Please attach a photocopy of your bank passbook, pages showing details of account-holder, account number, etc.]
--

EMPLOYEES' TRUST FUND BOARD

Form VIII [NEW]

(For office use)

CLAIM MADE BY A NOMINEE/HEIR/ADMINISTRATOR/EXECUTOR * FOR BENEFITS UNDER SECTION 25 OF THE EMPLOYEES' TRUST FUND ACT NO. 46 OF 1980

(Please see Notes 1 to 4 on Page 5)

[This claim should be forwarded to the Chairman, Employees' Trust Fund Board, 1st Floor, Labour Secretariat, P.O. Box 807, Colombo 5 through the Employer under whom the member was last employed.]

PART (I) - [To be filled in by claimant]

1. I,
(State full name of claimant)

of
(State address of claimant)

and bearer of National Identity Card No. being nominee / heir / administrator of the estate / executor of last will* of whose EPF/PPF* No. was

(State full name of deceased member)

do hereby, in terms of Section 25 of the Employees' Trust Fund Act No. 46 of 1980, make a claim for the payment of the ETF benefits and insurance benefits due in respect of the said deceased member, who was last employed by

.....

(State name and EPF / PPF number of last employer)

2. The deceased member was married / not married*

3. Details of employment after 01/03/1981 to the last day of employment – in chronological order:

PERIOD From To	Name of Establishment/Estate	Employer's EPF / PPF No.	Employees' No.
.....
.....
.....
.....
.....

(Please use a separate sheet if space is not sufficient)

PART (II) - [To be filled in by a claimant who makes a claim as an heir or nominee of the deceased member where any share of the total benefits due to the deceased member has been left unallotted to him / her].

- 1) Relationship of nominee or heir of deceased member
 - 2) If the claimant is not the spouse of the deceased member, is the spouse living?
 - 3) Name and address of spouse, if living
 - 4) If the spouse has been legally separated, state the name of Court and Case Number allowing separation
 - 5) Names of all surviving children of the deceased member and their addresses:
 - 6) Names of any deceased children of the deceased member
 - 7) Particulars of properties or other assets left by the deceased member and their value (Grama Niladhari's report should be attached).
 - 8) Is the estate of the deceased member subject to testamentary or other action in any Court? If so state:
 - a) the name of the Court and the No of the case
 - b) the name and address of the administrator or executor or other person who is able to provide information about the case
 - 9) Was the deceased member paying income tax?
- If so, state income tax file No.

I declare that the above particulars are true and correct. Please remit by cheque the ETF benefits and Insurance benefits due in respect of the deceased member referred to herein, to the above address.

Thumb impressions of the claimant:

.....
Signature of the claimant

Telephone No.

Left

Right

Date:

Employer's EPF / EPF No.

We certify that the information given above is correct.

Employer's Signature Name :

Designation :

Date: Telephone :

SEAL

Witness: Signature

Name

Address

Date

PART (IV) - [Only contributing employers with Private Provident Funds should fill this cage].

1. Full name of the deceased employee		
2. Employee's PFF No.		3. Date of nomination
3. Full name of the Nominee/ nominees of the deceased employee under PPF	Relationship	Share
.....
.....
.....
I, the undersigned do hereby declare that the information given above is consistent with my records. Employer's PPF No. Name of the Employer Designation Date:		
	 Signature of Employer

* Delete whichever is inapplicable.

NOTES:

1. On the death of a member, the benefits due to him/her can be claimed by his/her nominee/s, and in the absence of his nominee/s the benefits can be claimed by his/her legal heirs or the executor of the last will or the administrator of the estate of the deceased member.
2. Part II also should be filled in by a claimant who makes a claim as an heir or nominee of the deceased member, where any share of the total benefits due to the deceased member has been left unallotted to him.
3. This application should be forwarded **before the lapse of 01 year from the time of death** to the Employees' Trust Fund Board.
4. Cage 7 of Part II – The Report should be from the Grama Niladhari of the area where the deceased member was ordinarily resident and should be countersigned by the Divisional Secretary of the area. It should, in addition to any other information, give the following information:
 - (a) Properties and assets owned by the deceased in the area where he resided and their value
 - (b) Properties and assets owned by the deceased member outside that area, if known,
 - (c) Names of spouse, children or legal heirs
 - (d) Whether letters of administration or probate has been obtained, and if so name of court, the case No. and the name of administrator or executor
 - (e) Whether deceased member was paying income tax at the time of his death,
 - (f) Certified copy of the letter of administration granted by the District Court relating to the administration of the estate of the said deceased member
 - (g) certified copy of the probate granted to the executor of the last will of the said deceased member by the District Court.

Note: change of address should be intimated to the ETF Board.

EMPLOYEES' TRUST FUND BOARD

Form VIA

(For office use)

Chairman
Employees' Trust Fund Board
Labour Secretariat
Colombo 5

CERTIFICATE OF CONTRIBUTIONS MADE BY THE EMPLOYER IN RESPECT OF A DECEASED MEMBER

Name of deceased member	Mr/Mrs/Miss		
NIC No.			
EPF/PPF No.	Employer's No.	Alpha character	Employee's No.
If the member worked in the same organization under different member numbers, state the numbers in serial order			

The amount credited in respect of the above named deceased member are given below in half-yearly basis:

Year	1 st Half		2 nd Half		Total		Form used for payment of contributions - R ₁ or R ₄
	Rs	Cts	Rs	Cts	Rs	Cts	
1981							
1982							
1983							
1984							
1985							
1986							
1987							
1988							
1989							
1990							
1991							
1992							

Year	1 st Half		2 nd Half		Total		Form used for payment of contributions – R ₁ or R ₄
	Rs	Cts	Rs	Cts	Rs	Cts	
1993							
1994							
1995							
1996							
1997							
1998							
1999							
2000							
2001							
2002							
2003							
2004							
2005							
2006							
2007							
2008							
2009							
2010							
2011							

Total

=====

We certify that an amount of Rs. has
(in words)
 been credited to ETF in respect of the above member.

.....
 Signature of Employer

Name :

Designation :

(Seal)

Address :

.....

Telephone No :

Date :