



[Empty rectangular box for office use]

For office use only

**IN THE EVENT THE EMPLOYER HAS NOT CERTIFIED THE PART II OF THE CLAIM APPLICATION THIS FORM SHALL BE COMPLETED AND SUBMITTED ALONG WITH FORM VI**

- 01. Name of applicant : .....
- 02. Address : .....
- 03. Age (Date of Birth) : .....
- 04. Marital Status : .....
- 05. National Identity Card Number : .....
- 06. Father's Name : .....
- 07. Mother's Name : .....
- 08. If married Husband's Wife's Name : .....  
.....
- 09. Name of Employment : .....
- 10. Employers EPF/PPF NO. and Member Number : .....  
.....
- 11. Applicant's Thumb Impressions :

Left

Right

.....  
Signature

I certify that the above -mentioned information is correct.

.....  
Gramasevaka's Signature  
Office Stamp  
Date :

**Counter Signed By :**

.....  
Divisional Secretary  
Office Stamp  
Date :