EMPLOYEES' TRUST FUND BOARD

Request to obtain login account for employer for ETF e Service

To be completed by the Employer	
	Ex: A 015058 PF124345
Employer Name and Address:	
Name, Designation and NIC No. of the Officer using the e service Name Designation	
NIC No.	
Mobile Number :	
E-mail Address	
It is certified that the information provided is true and correct.	
Authorized Officer's Signature	Date
Name :	
Designation :	
Seal: :	
For Office Use Only	
Checked By:	Date:
Certified By:	Date :