EMPLOYEES' TRUST FUND BOARD

Request to change personnel information

To be completed by the Member

Employer Number | | | | | | | | | Ex: A 015058
PF124345

Member Number | | | | | | | Ex: 000123

Member NIC No | | | | | | | | | | |

Member Name

Employer Name and Address :

Member's Mobile Number :

Member's E-mail Address

I certify that the above information provided by me is true and correct.
Hence please change my personnel information as above.

....
Member's Signature Date

To be completed by the Employer

It is certified that the above member has been employed in our organization and information provided by the Member is correct.

....
Signature of the Certifying officer Date

Name :

Designation :

Organization :

Seal : :

For Office Use Only

Checked By : ..... Date : .....

Certified By : ..... Date : .....