EMPLOYEES' TRUST FUND BOARD

Request to obtain login account for employer for ETF e Service

To be completed by the Employer

Employer Number | | | | | | | | | 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 : .....