EMPLOYEES' TRUST FUND BOARD Request to obtain login account for Member for ETF e Service

To be completed by the Member

Employer Number Ex: A o PF12434	
Member Number Ex: 000	123
Member NIC No	
Member Name	
Employer Name and Address :	
Member's Mobile Number :	
Member's E-mail Address	
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 :