EMPLOYEES' TRUST FUND BOARD

Request to change personnel information

To be completed by the Member	
Employer Number Ex: A o	
Member Number Ex: 000	0123
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 c Hence please change my personnel information as above.	orrect.
Member's Signature	Date
To be completed by the Employer	
It is certified that the above member has been employed in our c by the Member is correct.	organization and information provided
Signature of the Certifying officer	Date
Name:	
Designation :	
Organization :	
Seal: :	
For Office Use Only	
Checked By:	Date :
	Date!