

FORM MW A

MINISTRY OF FINANCE AND PLAN IMPLEMENTATION
EMPLOYEES' TRUST FUND BOARD
APPLICATION FOR MEMBERSHIP
"Form. M.W.A." - To be used by Migrant Workers only

Membership No.

For office use only

- 01 Full Name of Applicant :...Mr/Mrs/Miss.....
.....
- 02 Permanent Address in Sri Lanka:.....
Telephone no. 1) local.....
 2). foreign.....
E-mail address.....
- 03 Sex.....
04. Date of Birth:.....Years:.....
05. Civil Status:.....
06. If married Name of Spouse:.....
07. Particulars of Identity:
a) No. of Passport :.....
b) Expiry date of Passport:
c) No. of National Identity Card :.....
08. Particulars of Overseas Employment :
a) Country of Employment :.....
b) Position :.....
c) Name & Address of Overseas Employer:
.....
.....
d) Monthly Salary :.....
- 09) Contract period :.....from.....to.....
- 10) Monthly Contribution you will make to
Employees' Trust Fund Board :.....

11) How Contribution will be made (Sri -Lankan Currency/ Foreign Currency/Bank Draft)
.....

12) Non- Resident Foreign Currency (NRFC) Account (if available)
Name of Bank

Account No:

13) ‘ **NOMINEE** ’ is the beneficiary who is appointed by the member to receive benefits in the event such member dies **prior to obtaining** the benefits due to him/her.

Name of Nominee in full	Age	National Identity Card NO.	Relationship	Share of Proportion
Surname				
Other Names				
Subsequent changes in Nomination				
Name of Nominee in full				

I hereby state that the above particulars furnished are true and correct..

Date:

Signature of Applicant.

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