



For ETF Board use only

Advance Level Benefit Scheme "NIPUNATHA SAVIYA" Employer Certification

To be completed by the Current Employer.

- Name of Employer/ Estate and address:.....

- Full name of the Member:.....

- Member's NIC No:

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- Employer No:.....Member No:.....
- Date of appointment:

D	D
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M	M
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Y	Y	Y	Y
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- Contribution during the 12 months proceeding in the month in which this student sat the GCE A/L examination. (If the contribution have been credited through e-service, it isnot necessary to complete this section and it is sufficient to make a note that the contribution have been paid through e-service)

Year	Month	Member's Contribution Amount	Date	R1 or R4
2024	January			
2024	February			
2024	March			
2024	April			
2024	May			
2024	June			
2024	July			
2024	August			
2024	September			
2024	October			
2024	November			
2024	December			

I certify that the information furnished above is true and correct. Also certify that I am aware that if I furnish or cause to be furnished any false return or information relating to this claim I shall on conviction be liable to a fine or imprisonment under Section 39 of the Employees' Trust Fund Act No. 46 of 1980.

Name of the Employer -

Address -

Tel: No

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Signature

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Date

Name of the Signatory -

Designation -

