



"DIRIDARU HARASARA"
Grade 05 Scholarship Benefit Scheme

To be completed by the Current Employer.

1	Name of Employer/ Estate and address:	
2	Full name of the Member:	
3	Member's NIC No:	
4	Employer No:	Member No:
5	Date of appointment:	

6. Contribution during the 12 months proceeding in the month in which this students at the Grade 05 Scholarship examination.

Mode of the Contribution payment (R1 / R4 / e-payment) -

Year	Month	Member's Contribution Amount	Date	Year	Month	Member's Contribution Amount	Date
2023	September			2024	March		
2023	October			2024	April		
2023	November			2024	May		
2023	December			2024	June		
2024	January			2024	July		
2024	February			2024	August		

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

.....
Date

Name of the Signatory -

Designation -



Official Seal