

EMPLOYEES' TRUST FUND BOARD

Request to Obtain Login Account for employer for ETF e-Service

Important Instructions:

- The employer should have remitted ETF contributions for a minimum period of **One year**.
- A clear copy of the **Officer's NIC** must be attached.
- Please complete the form using BLOCK LETTERS **clearly** and Employer's **seal** is mandatory.
- Please send the completed form to etfepay@etfb.lk.

To be completed by the Employer.

Employer Number	
Employer Name	
Employer Address	
Employer Official E-mail Address	
Employer WhatsApp Number	

To be completed by the Authorized officer of the Employer.

Name	
Designation	
NIC Number	
Mobile Number	
WhatsApp Number	

It is certified that the information provided is true and correct.

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Authorized officer's Signature

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Date

Name :

Designation :

Seal :