

## EMPLOYEES' TRUST FUND BOARD

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

**Important Instructions:**

- This form should be completed only by members who are **currently employed**.
- A clear copy of the **Member'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](mailto:etfepay@etfb.lk).

**To be completed by the Member.**

Employer Number	
Member Number	
Member NIC Number	
Member Name	
Member Mobile Number	
Member Personal E-mail Address	
Member WhatsApp Number	

.....

Member's Signature

.....

Date

**To be completed by the Employer.**

It is certified that the above member is currently employed in our organization and the information provided by the member is true & correct.

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Signature of the Certifying Officer

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Date

Name : .....

Designation : .....

Seal : .....