සේවා නියුක්තයන්ගේ භාර අරමුදල් මණ්ඩලය
ஊழியர் நம்பிக்கைப் பொறுப்பு நிதியச் சபை
EMPLOYEES' TRUST FUND BOARD

For ETF Board use only

# Advance Level Benefit Scheme

## *"VISHWA YATHRA"*

**"A financial strength for your child's journey to university"**

# Employer Certification

**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: D D M M Y Y Y Y
6. Contribution during the 12 months proceeding in the month in which this students at the GCE A/L examination. (If the contribution have been credited through e-service, it is not necessary to complete this section and it is sufficient to make a note that the contribution have been paid through e-service)

*** 2025 Advance Level From 2025 January to 2025 December**

| **Year 2025 Al** | Month | Member's Contribution Amount | Date | R1 or R4 |
|---|---|---|---|---|
| 2025 | **January** | | | |
| 2025 | February | | | |
| 2025 | March | | | |
| 2025 | April | | | |
| 2025 | May | | | |
| 2025 | June | | | |
| 2025 | July | | | |
| 2025 | August | | | |
| 2025 | September | | | |
| 2025 | October | | | |
| 2025 | November | | | |
| 2025 | 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 convictionbeliableto a fine or imprisonment under Section 39 of the Employees'Trust Fund Act No.46 of 1980.

Name of the Employer -……

Address -……

Tel: No | | | | | | | | | | |

……. ……..

Signature Date

Name of the Signatory -……

Designation -……

OfficialSeal

For more information
www.etfb.lk