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

For ETF Board use only

Advance Level Benefit Scheme

"NIPUNATHA SAVIYA -2026"

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 student sat 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)

Year	Month	Member's Contribution Amount	Date	R1 or R4
2025	August			
2025	September			
2025	October			
2025	November			
2025	December			
2026	January			
2026	February			
2026	March			
2026	April			
2026	May			
2026	June			
2026	July			

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 | | | | | | | | | | |

…….. ……..

Signature Date

Name of the Signatory -……

Designation -……

Official Seal

For more information
www.etfb.lk