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To: The Superintendent
Employees' Provident Fund
Central Bank of Sri Lanka
Colombo.

APPLICATION FOR REFUND OF UNPAID BALANCES

1. Name in Full: ........................................................................................................

2. Address: .............................................................................................................

3. EPF Membership Number: ..................................................................................

4. Telephone Number: ..........................................................................................

5. Amount of EPF Benefits already received: ..........................................................
   (a) Date of Refund: ..............................................................................................
   (b) Serial Number of the certificate of EPF benefits: ...........................................
      (Please attach the certificate if available)

6. Batch Numbers/relying to earlier refund of EPF benefits: ...................................

7. The year and the month of your cessation of service: ..........................................

8. Whether the amount now applied for, represent contributions sent to EPF after the
   original refund (If so, please indicate the period for which contributions have been
   sent and the date):

............................................................................................................................

Date of Dispatch of C/C3 Forms relating to contributions referred to in para (6).
(You may obtain these particulars from your last employer)

............................................................................................................................

9. Whether any part payment have been received earlier, and if so reference to such part
   payments: .............................................................................................................

10. The name of the Bank and Account Number to which your repaid balances to be
    credited (this should tally the Determination Letter of Commissioner of Labour):

.............................................................................................................................

Date: .......................................................  

Signature of Applicant