

Serial No.

To be filled by the member (Please fill in block letters)

EPF No.

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Zone Code Employer Number Member Number

NIC No.

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Full name according to the NIC - _____

Name with initials according to the NIC - _____

Mobile No. -

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E-mail - _____

I wish to obtain the : EPF Internet facility
(Insert " v" as required)

EPF SMS facility

Signature of the member - _____

To be certified by the employer

I hereby certify that the above mentioned **current NIC copy & filled information** is true & accurate.

_____ Date

_____ Name, Signature and Rubber Stamp of the employer