

Employees' Provident Fund

ACCOOUNT DETAILS CHANGE REQUEST FORM - ONLINE EPF ACCOUNT ENQUIRY FACILITY

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| 3. | NIC No | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | Date of Issue | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | | | | | | | | |
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Indicate the service you wish to reset the password/PIN. If you wish to suspend a service indicate the Suspend status with a 'X' sign. If you wish to register a new email or mobile phone number, provide new details.

| | | | | |
|--------------------------|----------|---|---|----------------------------------|
| <input type="checkbox"/> | Internet | Email (for Internet facility) | | Suspend <input type="checkbox"/> |
| <input type="checkbox"/> | SMS | Mobile Phone Number (for SMS facility) | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | Suspend <input type="checkbox"/> |

Employer Certification (To be filled by your current employer)
I Certify that the information stated in Cage No.'s 1 to 4 and 8 are correct. (Please sign with office stamp)

[illegible]

Provide other employer's EPF registration number and your EPF membership number. (Please provide copies of all B cards for the member accounts listed below)

| Zone | Employer Number | Member Number | Zone | Employer Number | Member Number |
|------|-----------------|---------------|------|-----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

I do hereby certify that the above information is true and correct. Further, I am aware that the information obtained from this service is not a proof of legal entitlement.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 Signature

Instructions to fill the Form WR2

Upon changes applied to your profile at the EPF Department of Central Bank, you will be informed of your new password/PIN to enable you to obtain this online facility (Internet /SMS).

Duly filled application should be sent to the :

SUPERINTENDENT,
EMPLOYEES' PROVIDENT FUND
CENTRAL BANK OF SRI LANKA,
WHITEWAYS BUILDING,
NO. 25, SIR BARON JAYATHILAKE MAWATHA,
COLOMBO 01.

(Indicate “**Internet/SMS Account Change**” on the left side of the envelop)

For details

Contact 0112206642, 0112206690, 0112206691, 0112206692, 0112206693 and 0112206666.

Email to epfonlinebalance@cbsl.lk

| Cage No. | Instructions |
|----------|--|
| Cage 1. | Write your full name as given in the NIC. Use one cage for one letter. Keep one cage blank in between two names. Attach a copy of the NIC certified by the current employer. |
| Cage 2. | Write your Last Name with Initials. Use one cage for one letter. |
| Cage 3. | Write the NIC number and the Date of Issue. |
| Cage 4 | Write your current residence address and contact number during office hours. The address you provide here will be used to mail you the details of this service. If you have an Internet account, you can change your contact details by changing your profile. |
| Cage 5 | For Internet Services , your NIC number will be used as your logon id. Provide your email address. For SMS Services , you are required to include your Mobile Phone number for registration. If you have an Internet account, you can change your Mobile Number by changing your profile. If you wish to suspend any service, mark the Suspend status with a 'X' sign Your new passwords will be notified to you via a registered post. |
| Cage 6. | Provide your current employment details. If you are not employed at present provide your most recent employment details and the certification by the most recent employer. (Submitting the B card of your current employment is not mandatory if you joined the company within the last 12 months.) |
| | The information provided in Cages (1) to (4) and 6 should be certified by the member's current employer. |
| Cage 7. | Provide your other employment details if you wish to register with your account. If you have already included them at the first registration, you may omit this section. (Please provide copies of all B cards for the member accounts mentioned in the online balance inquiry request.) |
| Cage 8. | Provide your signature. |