

Please read the instructions overleaf before filling in the form/ පෝරමය පිරවීමට පෙර, පිටුපස සඳහන් උපදෙස් කියවන්න/ පடிවத்தை நிரப்புவதற்கு முன்பாக, பின்பக்கத்தில் கொடுக்கப்பட்டுள்ள வழிமுறைகளை வாசிக்கவும்.

Employees' Provident Fund Department – Central Bank of Sri Lanka (CBSL)
AMENDMENT REQUEST FORM

This form should be filled in English Block Letters

1.	EPF Number	Zone (English Letter)	Employer Number	Member Number

2. Details Appearing in the National Identity Card (NIC) (Attach a copy of the NIC)

2.1. Member's Full Name																				

2.2. Name with Initials																				

2.3. NIC No.																				
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3. Details appearing in the Database of EPF Department of CBSL (Name and/or NIC Number to be amended)

3.1. Name of the Member	
3.2. NIC No.	

4. Contact Details

4.1. Member's Mobile Phone Number (For SMS notification of amendment)																				
4.2. Employer's Phone Number (For contact during office hours)																				
4.3. Employer's Email Address																				
4.4. Employer's Address																				

5. Service Period	From							To						
		M	M	Y	Y	Y	Y		M	M	Y	Y	Y	Y

6. Employer's Certification

I hereby certify that the details mentioned under item no.2 refer to one and the same person as stated under item no.3 above, and that all contributions for the service period mentioned under item no.5 above have been credited only to the member under the member number mentioned in item no.1. Accordingly, I request you to amend the Name/NIC No. of the member number mentioned under item no.1 as per the Name/NIC No. mentioned under item no.2 above.

6.1. Name of the certifying officer																			
6.2. Designation																			
6.3. Signature & Official Stamp																			
																		
6.4. Date																			

