

Please submit the duly filled application

By Post or Handover

The Superintendent
Employees' Provident Fund
Whiteaways Building
No.25, Sir Baron Jayathilake Mawatha
Colombo 01.

By E-mail

E-mail Address : refund.epf@cbsl.lk

(A) Request for a copy of the Refund Statement Relating to Release of Member Refund via SLIPS/Cheques

1. Full Name of the Member :
2. EPF Membership Number :
3. National Identity Card Number :

(Please attach a copy of NIC, If there are any changes Please attach the letters/issued from the Department for Registration of Persons).

4. Attachments : Copy of NIC ☐ / Valid Passport / Driving License ☐

5. Address :
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6. Telephone Number :

7. E-mail Address :

(Members, who wish to request a Refund statement via e-mail, pls. mention an e-mail address belongs to the member).

(B) *Beneficiaries who have claimed the EPF benefits from the deceased member should fill the following; (All the beneficiaries should fill the Forms separately).*

1. Full Name :
2. Address :
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3. National Identity Card Number :

4. Attachments : Copy of NIC ☐ / Valid Passport / Driving License ☐

(Please attach a copy of NIC, If there are any changes Please attach the letters/issued from the Department for Registration of Persons).

5. Telephone/Contact Number :

6. E-mail Address :

A refund statement relating to a deceased member shall be issued to the relevant employer upon receipt of a duly authorized written request from the employer, accompanied by a copy of the member's death certificate.

Date :

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Signature of Applicant