DEATH CLAIM APPLICATION FORM


1 (i) Member’s name (with initials): Mr/Mrs/Miss

(ii) Name in full:

(iii) Other Names:

2. Member’s National Identity Card No.:

3. Date of birth:

4. Married / Unmarried

5. If married, full name of spouse

6. Full name of deceased member’s father
7. Write clearly the details of employers up to the last day of employment - in chronological order

<table>
<thead>
<tr>
<th>Date of appointment</th>
<th>Date of cessation of employment</th>
<th>Name of Establishment / Estate</th>
<th>Employer No.</th>
<th>Member No.</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

8. (i) Date of death
(ii) Cause of death

9. Particulars of all surviving and deceased children of the deceased member:

<table>
<thead>
<tr>
<th>Name / Gauri / Name</th>
<th>Date of birth</th>
<th>Is Living?</th>
<th>Date of death</th>
<th>Address</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

10. If the spouse has been legally separated or divorced, state the name of court, Case Number and date of order:

<p>| | |</p>
<table>
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</table>
**2. Part II / 2. Part II**

**Details Of Applicant**

01. **Full name of applicant:**

02. **Address:**

03. **National Identity Card No.**

04. **Telephone No.**

05. **Relationship of deceased member and is applicant nominee/heir/administrator of the estate/executor of Last will of the deceased member**

06. **If the claimant is not the spouse of the deceased member, is the spouse living? if so name and address of the spouse**

07. **Details of Bank account of the applicant:**

<table>
<thead>
<tr>
<th>Name of bank</th>
<th>Bank branch</th>
<th>Account No</th>
<th>Type of account (savings/current/joint)</th>
</tr>
</thead>
</table>

I do hereby certify that the foregoing facts given by me in this application are true and correct. I am aware that if I furnish any false information, I shall be liable to be prosecuted in a Court of Law.

**Thumb Impressions of applicant:**

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
<th>Date</th>
</tr>
</thead>
</table>

- 3 -
3 3rd Schedule / Schedule III / PART III

TO BE COMPLETED BY THE LAST EMPLOYER

01. Employer’s Name:
    Full name of the member:

02. Name of Employer / Estate and address:
    Member’s NIC No:

03. Employer’s No:
    Member’s No:

04. (i) Employer’s No:
    Employer’s No:

05. (i) Date of Death:
    Cause of Death:

06. State below the period for which contributions were remitted on behalf of the member.
    Please give Yea and Month

07. Salary paid for the month in which the member died

08. Whether the member was in employment or ceased employment at the time of death

09. Last date on which the member was employed:

- 4 -
10. **Details of contributions**

I. The following table details the contributions made on behalf of the Member. If the Annual Member Statements have been received, please attach the last AMS and include the details of contributions you have made on behalf of the member after the year for which the last AMS was issued.

<table>
<thead>
<tr>
<th>Year</th>
<th>1st Half</th>
<th>2nd Half</th>
<th>Total</th>
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<tbody>
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</table>

If space is not sufficient, please attach a separate sheet.

II. The following table details contributions for the 12 months immediately preceding the month in which the death occurred.

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>Salary of employee</th>
<th>1st Half</th>
<th>2nd Half</th>
<th>Total</th>
<th>Cheque No.</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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- 5 -
11. Details of nominee

The claimant is known to me. I am satisfied that the claimant is the nominee / related to deceased member of claimant / the guardian of the claimant who is a minor / the administrator of the deceased member’s estate / executor of the last will of the deceased member.

12. I.

The claimant signed and placed his / her thumb impression on the claim in my presence.

---

<table>
<thead>
<tr>
<th>Full name / s of nominee / nominees</th>
<th>Relationship</th>
<th>Share</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
I certify that the information furnished above is true and correct. If the amount refunded to the applicant is greater than the actual amount of contributions remitted on behalf of the applicant as stated above, I undertake to pay such difference to Employees' Trust Fund Board by our Company/ Estate/ Institute. I also certify that I am aware that if I furnish or cause to be furnished any false return or information relating to this claim I shall on conviction be liable to a fine or imprisonment under Section 39 of the Employees' Trust Fund Act No. 46 of 1980.

Employer’s Name

Signature

Name

Designation

Date

Official Seal

13. Certification of the deceased member’s name

Name as per the birth certificate:

Name as per the National Identity card:

Name as per the Death Certificate:

Name as per the Marriage Certificate:

Name as per Birth certificates of children:

Name as per Form II Return/R4

I certify that the names appearing in the above mentioned documents refer to one and the same person.
1. In addition to the ETF balance of the deceased member, active members are entitled for a death benefit also. It is not required to apply separately for the death benefit and it is paid based on the information given in the Death Claim application. Only completed application should be sent to the ETFB along with the other required documents within one year from the date of death.

2. Death benefits will not be paid if:
   - Application is not submitted within one year period.
   - Failure of the employer to remit contributions regularly.
   - Members had not been an active member of the Fund for a minimum of one year by the time of death.
   - Member's age is over 70 years.

3. If the establishment is closed the Indemnity letter certified by the Grama Niladari & divisional secretary and whatever document to prove that he was employed in the establishment should be submitted.

4. If the deceased member had worked in several establishments, Form VI-A should be completed by each previous employer and submit along with the application.

5. Change of address should be intimated to the ETFB without any delay.
01. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ මහතා : 

d: මාහෙතු ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ මහතා : 

Full name of the deceased member :

02. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ පිළිබද යත්තා : 

d: මාහෙතු ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ පිළිබද යත්තා : 

Address of the deceased member :

03. අැරී නම් /පිළිබද යත්තා /Date of Birth :

04. මිති /මිති යත්තා /Married/Unmarried :

05. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ මහතා : 

d: මාහෙතු ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ මහතා : 

Full name of the claimant :

06. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ මහතා : 

d: මාහෙතු ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ මහතා : 

Address of the claimant :

07. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ මහතා : 

d: මාහෙතු ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ මහතා : 

Relationship to the deceased member :

08. ප්‍රතිපාදකය/ප්‍රතිපාදකයේ ප්‍රතිපාදකයේ අංකය ප්‍රසිදුමකරන්නේ මහතා : 

<table>
<thead>
<tr>
<th>Name</th>
<th>Mother or Father</th>
<th>Is living</th>
<th>Date of death</th>
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</tbody>
</table>
9. Whether the deceased member had children
   Number

10. Consent to pay share of benefits
    
    Important: Please fill this cage according to the instruction No.2 in page 6 of CL/A/4 Form.

    6 The deceased member had 6 brothers and sisters. Please fill this cage accordingly.

We have no objection whatsoever in paying our share of benefits to the claimant.

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Relationship to the deceased</th>
<th>Age</th>
<th>Married or unmarried</th>
<th>Signature</th>
</tr>
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11. Declaration of guardianship
    
    Important: Please fill this cage according to the instruction No.3 in page 6

    | Name of minor children / Brothers & Sisters | Relationship to the deceased | Age | Date of Birth |
    |--------------------------------------------|-----------------------------|-----|--------------|
    |                                            |                             |     |              |
    |                                            |                             |     |              |
    |                                            |                             |     |              |
    |                                            |                             |     |              |
    |                                            |                             |     |              |
    |                                            |                             |     |              |
I certify that the minor children / brothers, sisters whose names are given above are under my custody.

Name of guardian

Relationship to the children

Signature of guardian

Date:

<table>
<thead>
<tr>
<th>Details of property</th>
<th>Current Value</th>
</tr>
</thead>
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</table>

Whether a testamentary case has been filed?

Case No. / Name of court

Whether the deceased had written a Last will

Thumb impressions of applicant:

Signature of applicant

Date:
I certify that the ..........................................................................................
(name of the deceased)

was residing at ..........................................................................................
(address of the deceased)

of..................................................................................................................
Grama Sevaka area and the items mentioned from 1 to 13 in the
application were examined by me and found correct. The above-mentioned claimant placed his/her thumb impressions and
signature in my presence.

................................. ........................................................................
Signature of Grama Niladhari
Date:
Official Seal

................................. ........................................................................
Signature of Divisional Secretary
Date:
Official Seal
Certified by the Estate Superintendent (Only for Estate Employees)

We certify that........................................................................................................... was an employee (name of the deceased)

of our estate bearing EPF./PPF No. ...........................................................................and the details given in items 1 – 13 according to our knowledge are correct. The above mentioned claimant placed his/her thumb impressions and signature in my presence.

.................................................................
Signature of Estate Superintendent
Date :

Official Seal
01. येथे येथे अर्थात अचरजीतता करण्यासाठी या असरक्त या अचरजीत देयांकडून असरक्तमध्ये आयुष्य, 
    असरक्त विषयातील तत्वाचा मिळतील भूमिका.

02. येथे सर्वांना विशेष अधिकृत / माहिती आवश्यक असावी म्हणून नोंद.

चित्रक अभ्यासाची विशेषता

चित्रक अभ्यासाची विशेषता असा प्रमाण, संदर्भ म्हणून चित्रक नवीन प्रकाशन किताब म्हणून मानून म्हणून असेल. किंवा, 18 चित्रक चित्रक विषयांमध्ये असेल. चित्रक नवीन प्रकाशन / संदर्भ म्हणून चित्रक नवीन प्रकाशन / संदर्भ म्हणून चित्रक नवीन प्रकाशन / संदर्भ म्हणून चित्रक नवीन प्रकाशन.

03. अद्यावधी प्रवचन

(त्रुटी सुद्धा, संदर्भ अभ्यासातील आदर्श लांबीसाठी)

04. इथे अद्यावधी अधिकृत नवीन प्रकाशन किताब म्हणून नोंद, विषयातील शिक्षण आदर्श लांबीसाठी:

011-2 581 704 (संदर्भसाठी - विषयातील विषयातील)

निर्देशनांकाच्या आधारात अद्यावधी प्रवचनाने दिले:

1. अद्यावधी प्रवचनासोबत येतल्याने, ग्राहकांना येथे म्हणून अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची. अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची.

2. आदर्श बोधावशेषांनी, आदर्श बोधावशेषांनी ग्राहकांसोबत कृपया वाची.

3. अद्यावधी प्रवचनासोबत येतल्याने, ग्राहकांना येथे म्हणून अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची. अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची.

4. अद्यावधी प्रवचनासोबत येतल्याने, ग्राहकांना येथे म्हणून अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची. अद्यावधी प्रवचनासोबत ग्राहकांनी ग्राहकांसोबत कृपया वाची.
INSTRUCTION FOR GRAMA NILADIHARIS AND ESTATE SUPERINTENDENT

1. In respect of estates workers, this form should be personally examined and signed by the Estate Superintendent.

2. Assigning of share of benefits to the applicant.

   If the deceased member had been married at the time of death:

   Please give the names and ages of all living children of the deceased member. Children who are over 18 years of age and children who are married should give consent to assign their shares to the applicant in the presence of Grama Niladhar / Estate Superintendent. When the applicant is not either the father or the mother, consent should be given to assign the share of mother / father also to the applicant.

   If the deceased member was not married at the time of death.

   Please provide names and ages of his/her mother, father and all brothers and sisters. Brothers/Sisters who are over 18 years of age should give consent in the presence of Grama Niladhar / Estate Superintendent to assign their shares to the applicant who is the mother or father. When the applicant is not either the father or the mother, consent should be given to assign the share of mother / father also to the applicant.

3. Declaration of guardianship

   Please confirm that children / brothers & sisters who are under 18 years of age are dependants of the applicant by signing in the presence of Grama Niladhar / Estate Superintendent.

4. Since this certificate is essential for settlement of benefits, please certify it correctly as soon as possible.

   For any further information, please contact Manager (Benefits Administration) on telephone number 011 – 2 581 704

   Employees’ Trust Fund Board
   1st Floor, Labour Secretariat
   P.O.Box 807, Colombo

   Tel. 011 2 581 704, 011 2 368 542
   Fax 011 2 368 037