



Advance Level Benefit Scheme
"NIPUNATHA SAVIYA"
Employer Certification

To be completed by the Current Employer.

1. Name of Employer/ Estate and address: HALEON LANKA ENTERPRISES LIMITED

Full name of the Member: NISALA SAMPATH FERNANDO

3. Member's NIC No:

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4. Employer No: PF009005 Member No: 001337

5. Date of appointment:

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| 0 | 1 |
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| 0 | 9 |
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|---|---|---|---|
| 2 | 0 | 0 | 6 |
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6. Contribution during the 12 months proceeding in the month in which this student sat the GCE A/L examination. (If the contribution have been credited through e-service, it isnot necessary to complete this section and it is sufficient to make a note that the contribution have been paid through e-service)

| Year | Month | Member's Contribution Amount | Date | R1 or R4 |
|------|-----------|------------------------------|-----------------------------------|----------|
| 2024 | January | 2359.65 | | |
| 2024 | February | 2353.65 | | |
| 2024 | March | 2347.65 | | |
| 2024 | April | 2480.10 | | |
| 2024 | May | 2480.10 | | |
| 2024 | June | 2505.90 | PAID THROUGH COMBANK PAYMASTER | |
| 2024 | July | 2734.11 | | |
| 2024 | August | 2728.11 | | |
| 2024 | September | 2765.31 | | |
| 2024 | October | 2766.51 | | |
| 2024 | November | 2831.91 | | |
| 2024 | December | 2800.71 | | |

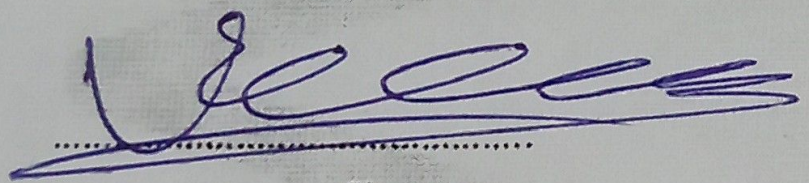
I certify that the information furnished above is true and correct. Also certify that I am aware that if I furnish or cause to be furnished any false return or information relating to this claim I shall on conviction be liable to a fine or imprisonment under Section 39 of the Employees' Trust Fund Act No. 46 of 1980.

Name of the Employer - HALEON LANKA ENTERPRISES LIMITED

Address NO: 121, GALLE ROAD, KALDEMULLA, MORAPUWA

Tel: No

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| 0 | 1 | 1 | 4 | 2 | 0 | 7 | 4 | 4 | 4 |
|---|---|---|---|---|---|---|---|---|---|



Signature

25 - Feb - 2025

Date

Name of the Signatory: UDITHA KARUNARATNE