ஊழியர் நம்பிக்கைப் பொறுப்பு நிதியச் சபை
EMPLOYEES' TRUST FUND BOARD

Advance Level Benefit Scheme

"NIPUNATHA SAVIYA"

Employer Certification

To be completed by the Current Employer.

1. Name of Employer/ Estate and address: Industrial Development Board of Ceylon, 615, Galle Road, Katubedda, Moratuwa

2. Full name of the Member: Kande Lekamalage Chamil Prasad Lekamge

3. Member's NIC No: 1 9 7 7 2 5 0 0 1 4 5 5

4. Employer No: A4535/A Member No: 02937

5. Date of appointment: 0 1 / 1 1 / 2 0 0 9

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			
2024	February			
2024	March	The contribution have been paid through e-Service		
2024	April			
2024	May			
2024	June			
2024	July			
2024	August			
2024	September			
2024	October			
2024	November			
2024	December			

Accountant
Industrial Development Board

I certify that the information furnished above is true and correct. Also certify thatI am aware that if I furnish or causeto be furnished any falsereturn or information relatingto this claim I shall on convictionbeliableto a fine or imprisonment under Section 39oftheEmployees'Trust Fund Act No.46 of 1980.

Name of the Employer - Industrial Development Board of Ceylon

Address - 615, Galle Road, Katubedda, Moratuwa

Tel: No | 0 | 1 | 1 | 2 | 6 | 0 | 5 | 4 | 3 | 4 |

Signature

28/02/2025
Date

Name of the Signatory - S.H.D.P. Salgamuwa

Designation - Assistant Director

Assistant Director
Administration Division
Industrial Development Board

OfficialSeal

Assistant Director
Administration Division
Industrial Development Board

For more information
www.etfb.lk