Issued free of Charge

Membership No

Sri Lanka Social Security Board
Ministry of Rural Development, Social Security and Community Empowerment
"Samaja Arakshana Piyasa", No 18, Ra, Rajagiriya Rd, Rajagiriya.
General Phone - 0112 886585 / 0112 886586,
Hot Line - 0112 886088

Foreign Employment Bureau
Ministry of Foreign Affairs, Foreign Employment & Tourism
No. 234, Denzil Kobbekaduwa Mawatha,
Koswatta, Battaramulla.
Telephone - 0112 864101 - 105, 0112 880500

"MIGRANT WORKERS" Pension Scheme

1. Name in Full — Mr./Mrs./Miss
2. Address
3. Name with Initials
4. Telephone — Land Line / Mobile (WhatsApp)
5. Name in Full & Address in English
6. N.I.C.No.
7. Passport No
8. Date of Birth — Date / Month / Year
9. Gender — Female / Male
10. Civil Status - Unmarried/ Presently Married/ Separated/ Divorce/ Widow
11. Occupation
12. Details of applicant's family member resided in Sri Lanka — Name / Telephone
13. Name and No of Grama Niladhari Division Applicant Resided
14. Details of the Nominee — Name
    Relationship
    N.I.C.No.
15. Provide details if you are currently suffering from an illness or have a disability

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Declaration

I do hereby declare that all the information and statements I have submitted in this application form are completely true and accurate to the best of my knowledge and belief. I also declare that the other documents submitted with this proposal form the basis of this agreement. If it is revealed that any false or incomplete information has been provided herein, this agreement will be null and void without compensation and I undertake to be bound by the rules and conditions that are currently in force and will be imposed in the future in relation to this pension Scheme and to inform the Sri Lanka Social Security Board immediately if there is any change in the details and statements provided by me. I hereby give permission to obtain my bio data required for registration in the pension plan through the data base of the Sri Lanka Foreign Employment Bureau.

On the ….. of ……..…….. 20…….

……..……
Signature of the Applicant

Recommendation of Sri Lanka Foreign Employment Bureau

I recommend that the applicant is eligible for membership in the "Migrant Workers" Pension Scheme.

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Manager, Officer-in-Charge, Authorized Officer
of Foreign Employment Bureau
Signature and Seal

1. Application Date

2. Age as at Next Birthday

3. Expected Monthly Pension

5. No. of Installments Payable

6. Number of multiples

7. Installment payable Rs./USD

4. Instamment and Payment Method

I	Lump-Sum Payment			
II	Within 2 years - Monthly		Quarterly	
III	Within 3 years - Monthly		Quarterly	
IV	Within 4years - Monthly		Quarterly	
V	Within 5 years - Annually			

Name of the Recruiting Officer

Designation

Divisional Secretariat

N.I.C.No.

……

Recruiting Officer
Signature / Seal

I Checked the details of the member furnished in this application (If correct mark the relevant cage with the symbol ✓).

Member's Name		N.I.C.No.		Member's Signature		Age According to the Date of Birth		Installment	
The application is completed correctly									

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Signature and Seal of the
Senior Coordinating Officer / Coordinating Officer

1. Receipt No.

2. Date

3. Paid Amount

4. District & Code

5. No of Installments Paid

6. Divisional Secretariat & Date

.....

Date

.....

Signature and Seal of the
Officer in charge of the Project