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



## **Merchant Shipping Secretariat**

SSBI

Ministry of Ports and Shipping No.79, Technical Junction, Maradana Road, Colombo 10 Telephone: 0112 105700, 0112 435127

## Application for Membership in "NAVIKAYA" Social Security Scheme

																	$\overline{}$
1. Name in Full	M. /M.	- A.C															
	Mr./Mrs	S./MISS															
2 Address																	
2. Address																	
2. Name - 24. Julius																	
<ul><li>3. Name with Initials</li><li>4. Telephone</li></ul>	Land Line Mobile (WhatsApp)																
<ul><li>5. Name in Full &amp; Address</li></ul>	Land Line Mobile (WhatsApp)																
in English																	
6. N.I.C.No								7. I	Passp	ort No							
8. Date of Birth	Date	Mo	nth		Y	ear				] '	9. Gei	nder	Fe	male		Male	
10. Civil Status - Unmarrie	ed/ Prese	ntly Marrie	d/ Sepa	rated	/ Div	orce/ V	Vidow		Г								
11. Occupation																	
12. Details of Applicant's Family Member Resided in Sri Lanka  Name																	
						Telepl	one										
13. Name and No of Grama	n Niladha	ri Division	Applic	ant R	eside	ed											
14. Details of the Nominee		Name															
Relationship						N.I.C	.No										
15. Provide details if you are	e current	ly sufferin	g from	an ill	ness	or have	a disa	abilit	y.								
																	.
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 submitted documents 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.																	
On the of	On the of																

	To be completed by the Nature of Applicant (Put ma		ecruitment and Placement Service Provider (LSRPSP)								
	Seafarer Officer										
	Expected Contribution An										
	By Employer (USD		By Employee (USD/Rs.)								
	7 1 3 \	´	* The employee's contribution is not compulsory and the employee can also pay an additional contribution if more pension is required.								
	Employer - Name and Addre	ess									
	Registration No.										
	Date	Signature	and seal of an authorized officer on behalf of the LSRPSP								
		To be completed by	the Recruiting Officer	\							
	Name of the recruiting offic	er									
	Post										
	N.I.C.No.										
	21121611101	(Completion	of the above information is mandatory)								
	Date		Signature/Seal Recruiting Officer								
				$\mathcal{I}$							
		For offic	ee use only	\							
		ror one	e use only								
1	. Date of enrollment		2. Age as at next birthday								
3	. Installments Payment Method	Monthly Quar	terly Annually Lump-Sum								
4	. Number of installments payable		5. Number of Multiples								
5	. Foreign Exchange Rate - USD 01 =	= Rs.									
6	. Installment payable Rs.		7. Qualified Pension Rs.								
8	. Receipt No.	9. Date [	10. Amount								
1	1. District & Code		12. No of Installments Paid								
1	3. Divisional Secretariat & Code										
1	4. Recommend for membership.										
	Date	Officer-in-Charge (Signature and Seal)	Authorized Officer (Signature and Seal)								
\		(Dignature and Sear)	(Signature and Sear)								