

<p><u>For office use only</u> Membership No:..... Code No:.....</p>
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Public Service Mutual Provident Association
Application Form for Membership

Declaration of the applicant

01. Full Name of Applicant:- Mr/Miss/Mrs.
02. Name of Applicant (with initials):-.....
 - 2.1 Date of Birth:-.....
 - 2.2 Age as at next Date of Birth:-.....
 - 2.3 N.I.C. No.....(A photocopy should be attached).
3. Name of State/Provincial Government Establishment that you serve:-.....

Official Address:-.....

Tele No:-.....

Post, Address and Tele: No. of the Salary Paying Authority:-

Pay Slip No:-.....
4. Private Address:-.....
 - 4:1 Mobile Phone No:-.....
 - 4.2 Residential Phone No:-.....
5. First date of Appointment to the Public Service:-.....
6. Current Post :- 6.1 Date of Appointment of that Post:-.....
7. Whether Permanent, pensionable non-pensionable:-.....
8. Salary scale pertaining to the Grade or Class of Present Post:-.....
9. Present Consolidated Salary (excluding allowances): Rs.....
10. Whether you are a contributor to the W & O.P. or P.S.P.F:-.....
11. W. & O.P. / P.S.P.F. No:-.....
12. Whether you applied for membership earlier and if so the outcome:-.....

I hereby honestly and solemnly declare that the above details furnished by me are true and accurate. If it was found by the Committee of Management that I have willfully suppressed any information or made a false declaration or statement. I agree to fore go all contributions I have already made and all the benefits that I am entitled to as a member. I also agree to settle all loans due from me as a lump sum in the event of premature retirement or leaving the service under special circumstances before the due date of retirement.

In the event of me being enrolled as a member, I hereby express my consent to remit.....percent of my salary and Rs.10/= to the Medical Assistance Fund in addition to the Death Donation Contribution of Rs.25/=(2 ½% or multiples of 2 ½% may be remitted as contribution)

.....
Signature of Applicant

Date:.....

<p>Name of the Introducing Member </p> <p>Membership No:.....</p>

Please forward the Completed form to the under mentioned address

Jt. Secretary & Treasurer
(P.O. Box 150)
No. 155/5, Castle Street, Colombo 8.

The Letter of Authority (Should be filled by the applicant)

Appointing Authority

Dear Sir,

In accordance with the agreements I have entered into during my service as an employee of the Democratic Socialist Republic of Sri Lanka or/and as an employee of the provincial Public service. I hereby delegate power to the Public Service Mutual Provident Association to recover all money payable by me to the Association at present or in the future from my salary or/and from the temporary pension or/and from the temporary pension or/and from gratuity and or/and from the grant of the Employee's Provident Fund or / and from any other money payable to me in any number of installments or/and in any period of time as determined by the Committee of Management of the PSMIPA.

Further, I delegate authority to you to accept as true all written statements communicated to me at any time by the Joint Secretary and Treasurer of the aforesaid Association stating that the money so recovered is the money I owe to the aforesaid Association in accordance with this authority, as final proof of payment.

Further, I also specially declare and agree that this authority cannot be revoked until all the dues receivable from me to the Association are recovered.

Yours truly,

Signature:.....
Name:.....
Post:.....
Date:.....

Certificate of the Head of Department

I hereby declare that

Mr/Mrs/Miss.....

is holding a permanent post which is pensionable / entitled / not entitled to contributory pension and that he/she is confirmed in the post.

*He/She does not fall into the category of minor employees.

*He/She has expressed willingness to be recruited to a pensionable post and the appointment letter to a pensionable post has been issued.

*He/She does not receive an interim allowance . His/her service does, not involve any risks which may cause accident.

The current monthly salary of the office is Rs.....and his/her salary scale is Rs..... His/Her first date of appointment to the Public Service isand it remains unbroken. In accordance with documents available in this Office. His/Her date of birth isof.....nineteen.....(Please indicate the date, month and year)

He/She has been certified as fit for service on.....after being subject to a medical test.

His/her W & O.P. No.is:.....

His/her P.S.P.F. No is:.....

I do hereby certify that the above details were obtained from the personal file of the office and that they are true and accurate.

Date:.....

Official stamp of the Head of Department with name and Signature

*Delete whatever is inapplicable Post:.....

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Recommendation:- Application examined. Recommended for the grant of membership.

Name of the Committee Member.....

Signature of the Committee Member.....

The granting of membership was approved by the Committee of Management on.....

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The Secretary, Treasurer