



Employees' Provident Fund – Department of Labour
Employees' Record Card
FORM "A"



දෙන්න සහ කොරතුරු ඉංග්‍රීසි භාෂාවලින් පරිගණකයට ඇතුළත් කර ඇත. එම නිකා ඉල්ප්‍රමිත ඉංග්‍රීසි භාෂාවලින් පරිය යුතු ය. වැඩිදුර කොරතුරු සඳහා කොරතුරු පත්‍රිකාව (ඇමුණුම 01) හිටුවන්න.

The data & information are fed into the computer in English, Hence the application must be filled in English. Please read the instruction sheet (Annexure 01) for further information.

තරබ මත්‍ර්‍යම තකවලක් ආන්තික මොඩ්‍යූල කෘෂිකීකු ජාල්ප්‍රාග්‍රහණ නොවේ, විවෘතාප්‍රම ආන්තිකවත්තිය නිර්ප්‍රප්‍රභ්‍යුතුව වෙணුවුම මෙවතික තකවතුකු අර්ථවරුත්තුව තාග්‍රෑහීය තාග්‍රෑහීය බාධිකක්වාම (ඇමුණුම 01)

Ex:

1. National Identity Card No

19 [REDACTED] 13

As per your App given
No

2. Employer's No

[REDACTED] 8 / A

3. Member's No

[REDACTED]

5

4. Date Employed From

DD [REDACTED] MM [REDACTED] YYYY [REDACTED]

5. Nature of Work/ Designation

As per the Letter of Appointment

Write the full name as per the NIC.

6. Full Name

J [REDACTED] MY N [REDACTED] M

7. Name with Initials

[REDACTED]

8. Permanent Address

Ex : [REDACTED] 3

9. Date of Birth

DD [REDACTED] MM [REDACTED] YYYY [REDACTED]

If Exceeds Six months
after
DOB, Add +1

11. Birth Place

As per Birth Certificate : (u [REDACTED] ne).

12. Nationality

Sri Lankan (As per Birth certificate)

All +1

14. Married or Single

Married

Single

15. Name of the Spouse
(with initials)

[REDACTED]

16. Name of the Mother
(with initials)

M [REDACTED] (As per Birth Certificate)

17. Name of the Father
(with initials)

[REDACTED] M [REDACTED]

(As per Birth Certificate)

18. Mobile Number

[REDACTED] .com

19. E-mail

20. Left Thumb Mark

21. Right Thumb Mark

22. Signature

LUMIZO (PVT) LTD

No 244,
GALLE ROAD, CMB-04

23. Employer Name & Address

Address short
Date should be same in all
three place

24. I do hereby certify that the Signature & the Thumb Mark of the employee were placed in my presence.

5TH JANUARY, 2026

25. Date

26. Signature & Designation of Employer or His Representative
Official Frank

Nominee Record Card
FORM "H"

27. Employer's No 0 [REDACTED] 48 / A

28. Member's No [REDACTED]

29. (Employee name) [REDACTED]

presently employed

AT LUMIZO (PVT)LTD

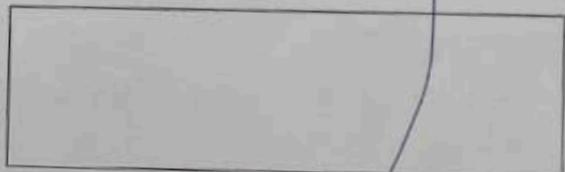
Provident Fund, do hereby nominate the person */s mentioned in Column I of the Schedule here to whose relationship to me is as shown in the corresponding entry in Column II of that Schedule, to receive, in the event of my death, the amount standing to my credit in my individual account in the Employees' Provident Fund, in the proportion specified in the corresponding entry in Column III of that Schedule.

30. The provision of the Employees' Provident Fund Act No. 15 of 1958 and the regulations made there under relating to nominations were read and understood by me*/ were read over and explained to me, and I do hereby set my hand, on 5TH JANUARY, 2026 in the presence of the witness whose signature is herein subscribed.

31. Thumb mark of Member

32. Left [REDACTED]

33. Right [REDACTED]



34. Signature of Member

35. 1 (WITNESS NAME) [REDACTED]

declare that the provisions of the Employees' Provident Fund Act No. 15 of 1958, and the regulations made there under relating to nominations were read over and explained to THE MEMBER [REDACTED] and he, purporting to understand same, set his signature and thumb marks in my presence on 5TH JANUARY, 2026.

36. Name of Witness

37. Description and Address of Witness

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No 244, GALLE ROAD,
COLOMBO-04

38. Signature of Witness

39. SCHEDULE

40. Column I
Name of Nominee

41. National Identity
Card No

42. Column II
Relationship

43. Column III
Proportion

[REDACTED]

YOU CAN ADD MAXIMUM 5 NOMINEES.

***** The End *****