



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



දත්ත සහ තොරතුරු ඉංග්‍රීසි භාෂාවෙන් පරිගණකයට ඇතුළත් කර ඇත. එම නිසා ඉල්ලුම්පත ඉංග්‍රීසි භාෂාවෙන් පිරවීම යුතු ය.
වැඩිදුර තොරතුරු සඳහා තොරතුරු පත්‍රිකාව (ඇමුණුම 01) නිශ්චිත.

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.

தரவு மற்றும் தகவல்கள் ஆங்கில மொழியில் கணினிக்கு உட்புகுத்தப்படுகின்றன. எனவே, விண்ணப்பம் ஆங்கிலத்தில் நிரப்பப்படுதல் வேண்டும். மேலதிக தகவலுக்கு அறிவுறுத்தல் தாளை தயவுசெய்து வாசிக்கவும் (இணைப்பு 01).

1. National Identity Card No 199253302143 Ex As per your App given No

2. Employer's No 055448/A 3. Member's No Ex 5

4. Date Employed From DD 02 MM 02 YYYY 1992

5. Nature of Work/ Designation As per the Letter of Appointment

6. Full Name Write the full name as per the NIC.
JAYALUXMY MYLVAGANAM

7. Name with Initials J. MYLVAGANAM

8. Permanent Address Ex: 155/1, WASALA RD, CMB 13

9. Date of Birth DD 02 MM 02 YYYY 1992 10. Age 34 IF Exceeds Six months after DOB add +1

11. Birth Place As per Birth Certificate :- (Wattala, Private Hospital).

12. Nationality Sri Lankan (As per Birth certificate) 13. Sex ☒ Female ☐ Male

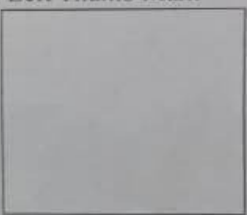
14. Married or Single ☐ Married ☒ Single

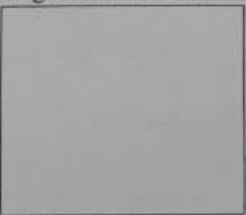
15. Name of the Spouse (with initials) -


16. Name of the Mother (with initials) M. GANATHIMATHY
(As per Birth certificate)

17. Name of the Father (with initials) I. MYLVAGANAM
(As per birth certificate)

18. Mobile Number 0706440349 19. E-mail jayaluxmymylvaganam@gmail.com

20. Left Thumb Mark 

21. Right Thumb Mark 

22. Signature 

23. Employer Name & Address LUMIZO (PVT) LTD
No 244,
GIALLE ROAD, CMB-04

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

25. Date

5TH JANUARY, 2026

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

Nominee Record Card
FORM "H"

27. Employer's No 055448 / A

28. Member's No

29. (Employee name) JAYALUXMY MYLVAGANAM

presently employed

AT LUMIZO (PVT) LTD

being a member of the Employees'

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 in herein subscribed.

31. Thumb mark of Member

32. Left

33. Right

34. Signature of Member

35. I (WITNESS NAME) NANCY CHARLAS

of do hereby

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 (JAYALUXMY MYLVAGANAM) and he, purporting to understand same, set his signature and thumb marks in my presence on 5TH JANUARY, 2026.

36. Name of Witness NANCY CHARLAS

37. Description and Address of Witness
LUMIZO (PVT) LTD
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

You CAN ADD MAXIMUM 5 NOMINEES.

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