



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



දෝෂ සහ නොරතුරු තායිපි යාභාවන් පරිගණකයට ඇතුළත් කර ඇත. එම නිකා ඉල්ප්‍රමිත තායිපි යාභාවන් පරිඵා දූ ය.
 එයින්ද නොරතුරු සඳහා නොරතුරු පරිඵාව (අන්නුම 01) සියලුම්න්.

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.

තරඟ මත්‍යුම තකවලක්ස ආත්‍යතිව මෙමාධියිල කැබිලික් උප්පාක්තිප්පාඩින්රාන එනැංඩ බිජ්‍යානාප්පම ආත්‍යතිවත්තිය් තිර්ප්පාප්පත්තුව වෙනුවුම මෙවත්තික තකවලුක්ක අරිව්‍යාත්ත්ත්ව තාගේ තයව්‍යේමත් බාඩික්කවම (ඇඟ්‍යාප්ප 01)

Ex

1. National Identity Card No

199253302143

As per your App given
No

2. Employer's No

1055448/A

3. Member's No

5

4. Date Employed From

DD 02 MM 02 YYYY 1992

Ex

5. Nature of Work/ Designation

As per the Letter of Appointment

Write the full name as per the NIC.

JAYALUXMY MYLVAGANAM

6. Full Name

J. MYLVAGANAM

7. Name with Initials

Ex : 155/1, WASALA RD, CMB 13

8. Permanent Address

DD 02 MM 02 YYYY 1992

10. Age

34 DOB

If Exceeds Six months
after

9. Date of Birth

11. Birth Place

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

Add +1

12. Nationality

Sri Lankan

(As per Birth certificate)

13. Sex Female Male

Married

Single

14. Married or Single

15. Name of the Spouse
(with initials)

M. GANDHIMATHY

(As per Birth certificate)

16. Name of the Mother
(with initials)

I. MYLVAGANAM

(As per birth certificate)

17. Name of the Father
(with initials)

18. Mobile Number

0406440349

21. Right Thumb Mark

jayaluxmymylvaganam@gmail.com

20. Left Thumb Mark

22. Signature

LUMIZO (PVT) LTD

No 244,
GALLE ROAD, CMB-04

23. Employer Name & Address

Address sheet
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 5 5 4 4 8 / A

28. Member's No

As per

29. (Employee name) JAYALUXMY MYLVAGANAM
AT LUMIZO (PVT)LTD

presently employed
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 is herein subscribed.

31. Thumb mark of Member

32. Left

33. Right

34. Signature of Member

35. 1 (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 *****