## Registration Form - e-Return System Employees' Provident Fund

Commissioner General of Labour (EPF)
Superintendent (EPF)

I/We,agree to submit EPF contribution details through e-Return System from the month of							
01	Employer Details						
11.1	Name of the Employment						
1.2	Employer Number /						
1.3	Postal Address						
1.4	Nature of Industry/Enterprise :						
02	Number of Employees						
2.1	Total No. of Employees : D D M M Y Y						
2.2	Total No. of Employees under Shop & Office Act :						
2.3	Total No. of Employees under Wages Boards Act :						
2.4	Total No. of Employees under Other Categories						
03	No. of files send as e-Returns : ^						
04	Correspondence Details of the Employer						
4.1	Names of Contact Officers  ii.						
4.2	Telephone No's Mobile : i.						
	Land iii iv						
4.3	Fax No.						
4.4	E-mail Address (Main)						
	Pistrict Office Code (D/O):						

4.5	E-mail Addresses (Optional)	: ii.					_				F		$\Box$	]
05	Mode of Payment	: Ch	eque		]	Direc	ct Debi	t			]	Cash	<del></del> _	]
		Oti	ner (	Specify)										-
06	Mode of e-Returns			ail / wel	osite	_								
		Otl	ner (	Specify)		Ĺ								
	2 Commencing month for sending	М	M '	Y Y	Υ	Y		•	•					
07	e-Returns													
1/We	I/We do hereby declare & agree that the above information provided is true & correct and EPF to verify any source of information													
on this form & expressly consent to have my employment particulars with EPF updated with the information provided herein which will supersede all previous information. Any change of the given details will be informed instantly.														
08	•	<del></del>									Γ			 1
				·						٠				
	Signature of the authorized officer	and the s	amp										Date	

## Instructions

Fill the form in ENGLISH Block letters.

- 1.1 Write the registered name of the employment.
- 1.2 Write the Employer Number with Zone Code.
- 1.3 Write the Postal Address of the employment.
- 1.4 Write the nature of Industry/Enterprise according to the
- 2.1 Write the total number of employees as at the date of registration under e-Return System.
- 2.2 Write the total number of employees under Shop & Office Act as at the date of registration under e-Return System.
- 2.3 Write the total number of employees under Wages Boards Act as at the date of registration under e-Return System.
- 2.4 Write the total number of employees under Other categories as at the date of registration under e-Return System.
- Write the number of files (categories) send under one employer number per month (if any).
  ex-If it sends as a one file (including all the staff), the number should be "01".

If it sends under two categories such as "Executive" & "Non-Executive", the number should be "02".

- 4.1 Write the names of 2 authorized contact officers of the employment.
- 4.2 Write the contact numbers of the officers.
- 4.3 Write the fax number of the employer.
- 4.4 Write the main e-mail address of the employer (If mode of e-return is "e-mail", Please write the e-mail address by which the e-returns will be sent)
- 4.5 Write two optional e-mail addresses of the employer other than the main e-mail address.
- Select the mode of payment by which the employer pay monthly contribution, Such as "Cheque", "Cash" or "Direct Debit" (Put a tick mark (v) in the relevant cage ) or specify if pay by other modes of payments which introduce by superintendent (EPF) from time to time
- Select the mode of sending e\_Returns. Such as EPF e-mail / website and specify if send through an other mode which introduce by superintendent (EPF) from time to time.
- 07 Write the commencing month and the year for sending e-Returns.
- 08 Place the signature and the official stamp of the authorized officer at the end of the form.

## ANNEX 09

1	COLOMBO SOUTH	Colombo 01, 02, Moratuwa
2	COLOMBO NORTH	Colombo 11,12,13,14,15, Mahara, Peliyagoda, Kelaniya
3	COLOMBO EAST	Colombo 03, 04,05, Homagama , Kaduwela
4	COLOMBO WEST	Colombo 06, Sri Jayawardhanapura Kotte , Dehiwala, Mt. Lavinia
5	COLOMBO CENTRAL	Colombo 07,08,09,10, Biyagama, Kolonnawa
6	KALUTHARA SOUTH	Colombo 07,00,09,10, biyagama, Kolonnawa
7	PANADURA	
8	MATHUGAMA	
9	MAHARAGAMA	Mohorogono Karlania
10	GAMPAHA	Maharagama , Kesbewa
11	NEGOMBA	
12	JA- ELA	
13	KANDY NORTH	
14	KANDY SOUTH	
15	HATTON	
16	MATALE	
17	NUWARA ELIYA	
18	GAMPOLA	
19		
20	NAULA NAWALAPITIYA	
21	BADULLA	
22	HAPUTALE	
23	MAHIYANGANAYA	
24	MONARAGALA	
25	AMPARA	
26	KALMUNE	
27	TRINCOMALEE	
28	BATTICALOA	
29	VAVNIA	
30	KILINICHCHIYA	
31	MULATIVE	
32	MANNAR	
33	JAFFNA	
34	RATHNAPURA	
35	AVISSAWELLA	
36	YATIYANTOTA	
37	WARAKAPOLA	
38	PELMADULLA	
39	KEGALLE	
40	EMBILIPITIYA	
41	MAHO	
42	PUTTALAM	
43	WENNAPUWA	
44	KULIYAPITIYA	
45	KURUNEGALA	
46	CHILLAW	
47	GALLE	
48	MATARA	
49	AMBALANGODA	,
50	BELIATTA	
51	ELPITIYA	
52	MORAWAKA	
53	HAMBANTHOTA	
54	ANURADHAPURA	
55	POLONNARUWA	
56	MEDAWACHCHIYA	· · · · · · · · · · · · · · · · · · ·
57	KANTALE	
	PARTITULE	

Date	•
The Manager,	
Hatton National Bank,	
Branch.	
Dear Sir/Madam,	
REQUEST TO REMIT E P F/E T F PAYM	ENTS THROUGH H N B PAYFAST SYSTEM
We wish to romit the EDS/ETS revenue of	
We wish to remit the E P F/E T F payments of	through HNB PAYFAST system.
HNB PAYFAST SYSTEM DETAILS	EPF/ETFDETAILS
A/C No	Name
Web Account No	EPF No
	ETF No
Thanking you,	
*	
Yours faithfully,	
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(Authorized Signatories)	(Authorized Signatories)