THE CEYLON PLANTERS' PROVIDENT SOCIETY

APPLICATION FOR MEMBERSHIP

1 Applicant's name in full :…….....

(Please underline surname) :…….....

2 National I.D No :…….....

3 Applicant's address - (i) Official:…….....

- (ii) Resident :……

.....

Contact Telephone No. :..... E-mail:.....

4 Employer's name in full :…….....

5 Designation :…….....

6 Monthly consolidated earnings: Rs. …….....

7 CPPS Membership Number (If the applicant had been a Member of the CPPS Previously) :…….....

8 Nationality :…….....

9 Date of Birth :…….....

10 Date of Commencement of Employment :…….....

11 Date of Application :…….....

12 Declaration :

12.1 I the undersigned, declare that the particulars stated above are correct and I hereby apply to be admitted as a member of the Ceylon Planters' Provident Society and agree to be bound by the rules now in force and any alteration thereof by rescission, amendment or addition which may be duly adopted.

12.2 I, further agree that in the event of premia on any insurance policy which I hold being paid through the Ceylon Planters' Provident Society, all cash dividends, cash bonuses, cash rebates, proceeds on maturity and any monies arising from or payable under such insurance shall be paid into my account with the Society.

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Signature

Note:

1. This Form must be accompanied by an employer's declaration on Form B.
2. Attach a passport-size photograph of the applicant to the application form.