BANK OF CEYLON STAFF THRIFT & WELFARE SOCIETY.

Membership Enrolment

1) Provident Fund No: | | | | | | |

2) Name with initials: ……..

   First name: ……..

   Last name: ……..

   Status : Mr. Mrs. Miss.

3) Private address: ……..

   ……..

   ……..

4) NIC Number: …… Date of birth: ……

5) Branch/ Department code: …… Province: ……..

6) Contact Numbers

   Office No: …….. Mobile No: ……..

   Resident No: …… Email Address: ……..

7) Date joined bank: ……

8) Nominee name: ……

   Nominee relationship: Spouse / Son / Daughter / Brother / Sister / Other

   Nominee NIC No /: ……

9) Monthly Contribution Rupees: ……. { Minimum Rs 300/]

Please enroll me as a member of the society. I agree to abide by the rules and regulations of the society.

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Date Signature

Approved/ Declined by the Executive Committee

Date entered in computer For Committee

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