THE CEYLON ESTATE STAFFS' UNION

APPLICATION FOR MEMBERSHIP

PARTICULARS OF MEMBER													TO BE FILLED IN BLOCK LETTERS									
Name in full																			<u> </u>			
Name in ruii																						
Name with initials																						
Date of Birth										Mal	e			Fem	ale			1				
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National Identity Card No.																						
Civil Status	Mar	ried				Un	marr	ied														
Contact Nos.	Mobile																					
	WhatsApp Residence																					
Personal Address	nesi	luend	.e												<u> </u>	<u> </u>		<u> </u>	<u> </u>			
Personal Address	-																					
E mail address																						
Designation											l				l	<u> </u>		l	<u> </u>	Н		
PARTICULARS OF EMPLOYER		<u> </u>								<u> </u>	<u> </u>	<u> </u>			<u> </u>		<u>I</u>	<u> </u>	<u> </u>			
Name of Company																						
Name of Estate/Institute working																						
Address																						
Telephone No.																						
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Date	Ld	d	m	m	У	У	<u> </u>						SIGNATURE OF THE APPLICANT									
GENERAL					,	,	,	,														
Branch																						
Name of Introducer Address	_																					
Address		<u> </u>								<u> </u>		<u> </u>										
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TOD HEAD OFFICE HEE												310	JIVA			- 111	E IIV			JEN		
FOR HEAD OFFICE USE Date Forwarded To Employer																						
Date Submitted To Ex-Co																						
Month Subscription Received																						
	d	d	m	m	У	У	У	У														
The Chief Executive Officer/Mana	ger,							ECII	1				I EST						ı			
								ESTATE STA	/	Aloe Avenue, Colombo- 03												
F	LC/I	stat	e,				GETLORI	COMME SIN	ars union													
Door Sir																						
Dear Sir, CHECK OFF RECOVERIES																						
I do hereby authorize you to make	reco	over	ies fi	rom	my :	salar	y in	the	follo	win	g m	anne	er an	d re	mit	sam	e to	the				
CEYLON ESTATE STAFFS' UNION, N	lo. 06	5, Al	oe A	veni	ue, C	Color	nbo	3, v	vith (effe	ct fr	om t	his n	non	th.							
First month Rs. 600.00 and from Second Month onwards Rs. 500.00																						
								NAME :.														
							DES	IGN	ATIO	ON	:.			•••••			•••••					

SIGNATURE

Date:.....