

**SRI LANKA POLICE C.W.C. BENEFIT SCHEME
(ENROLMENT FORM-REGULAR SERVICE)**

1. Full Name :.....
2. Name with Initials :.....
3. Date of Birth :..... 4. NIC No.
5. Rank & Reg.No. :..... 6. Date of Appointment :.....
7. Police Station / Office Address.....
8. Pay Division :.....
9. Permanent Address :.....
10. Police Area :.....
11. Whether Married :..... Date of Marriage :.....
12. Full Name of Husband/ Wife:.....
Permanent Address :.....
Police Area :.....
Date of Birth :..... NIC No. :.....
- | 13. Name of Children | Date of Birth | Sex |
|----------------------|---------------|-------|
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| | | |
14. Full Name of Father :
Address : Police Area :.....
15. Full Name of Mother :
Address : Police Area :.....
16. Whether Father/Mother Dependent of you:.....
17. In the absence of No.12,13,14 or 15
Full Name of Nominee.....Date of Birth
Address :.....
Description of his/her relationship to Member:.....

I do solemnly sincerely and on honour declare that particulars given are true and correct. I hereby consent to the deduction of monthly subscription and the enrolment fee of Rs. 500/- to this scheme.

Name with Initials:..... signature:.....
Date:.....