

**GOVERNMENT SERVICES EMPLOYEES ASSOCIATION**

(Formerly Government Servants' Association)

**BENEVOLENT FUND ADMISSION FORM**

SURNAME: ..... OTHER NAMES: .....

MINISTRY/DEPARTMENT: .....

GRADE: ..... SECTION: .....

ADDRESS: .....

DATE OF BIRTH: ..... NIC: .....

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NAME OF CHILDREN

MALE/FEMALE

DATE OF BIRTH

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NAME OF DEPENDANTS (IF ANY)

ADDRESS

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NAME OF WIFE/CONCUBINE/HUSBAND/PARMOUR (Strike off unnecessary word)

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NAME OF PERSON TO WHOM GRANT SHOULD BE PAID IN CASE OF DEATH OF MEMBER

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Declaration: I hereby declare to be conversant with the rules of Government Services Employees Benevolent Fund and adhere to them.

Date: .....

Signature: .....