

GAGANA VIRU SAVIYA
MEMBERSHIP FORM FOR RETIRED MEMBERS

1. Service No:
2. Rank:
3. Full Name:
.....
4. Branch/Trade:
5. Date of Birth : Date Month Year
6. Place of Birth:
7. Gender: ☐ Male ☐ Female
8. N. I. C. No:
9. Religion:
10. Contact Details: Home:.....
Mobile:.....
e-mail:.....
11. Permanent Address:.....
12. Father's Name:
13. Mother's Name:
14. Marital Status: Married ☐ Unmarried ☐
15. Name of the Spouse:
16. N.I.C No of the Spouse:

17. Details of the Children:

NAME WITH INITIALS	MALE/FEMALE	DATE OF BIRTH

18. Membership is required for: Rs.600.00 Enhanced Benefit Scheme ☐

19. Names of the Beneficiary/Beneficiaries in case the member is not in a suitable physical or mental condition to obtain the compensation:

NAME OF THE BENEFICIARY/ BENEFICIARIES	PERCENTAGE (%)	RELATIONSHIP TO THE MEMBER

20. I am not suffering from any of the illnesses mentioned in the SLAF medical examination form (Form Med 01)/ I am suffering from following illnesses.

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21. I hereby confirm that above mentioned details are true and correct to best of my knowledge. I will pay the monthly installment of Gagana Viru Saviya Welfare Scheme amounting Rs., six months/annually to the Command Welfare Fund, People's Bank card number will be given by Command Welfare Fund(CWF)/ Internet Payment Gateway System ("www.airforce.lk"). Further I agree with the current benefits, rules & regulations and any changes that may be introduced in the future.

Date:

.....
(SIGNATURE OF APPLICANT)

RECOMMENDATION OF CMDT/BASE CMDR/CO (AS APPLICABLE)

Recommended/Not recommended

Date:

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(CMDT/BASE CMDR/CO)

FOR OFFICE USE ONLY

Service No:

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Date of Membership: Day

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Month

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Year

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Monthly installment Rs. 600.00

Any Other details:

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Date:

(WJC DEWANDARA)
Wg Cdr
FUND MANAGER
GVS WELFARE SCHEME