



Government Officers Benefits' Association

(An institution incorporated by Act of Parliament No. 27 of 1971)

Membership Application

For office use only
Membership No:
Date :

No 65/1, G. O. B. A. Avenue, Sir Chittampalam A. Gardiner Avenue, Colombo 02.
 Tel: 0112434598/2473633/2473577 Email: info@goba.lk Fax: 0112434212 Web: www.goba.lk

Name of Introducer :-
 Membership No. :- Tel. No. :-

Through..... (Head of Department).
 I,....., request to be registered as a member of the Government Officers' Benefit Association. My details are as follows. My Pay Slip No. is

01. **Name with Initials** (Mr./Mrs./Ms.): -

02. **Name with initials in English** (Capital) (Ex: SILVA A.B.C.D) :-

03. **Full Name in English** (Mr./Mrs./Ms.): -

04. **Date of Birth** :- Year : Month: Date:

05. **NIC No.** :- (Attested photocopy of National ID should be attached)

06. **Married / Unmarried** :-

07. **Department/Institution** :-

08. **Present Designation**:-

09. **Date of First appointment** :-

10. **Service and Grade** :-

11. **Address** :- Office :

Private :

District of Residence :

Divisional Secretariat Division.....

12. **Telephone Nos.** :- Official : Mobile :

Residence: Email :

13. **Salary Structure**:- Salary Scale and Code No. :

14. **Details of the nominee/nominees who will be nominated after me to receive the rights on my behalf:** (Submit with an attachment if not sufficient.)

Full Name (with Surname)	Birthday	Relationship
.....
.....
.....

15. I agree to collect a membership contribution from my salary as notified by the association monthly. My Pay Slip No. is I hereby declare that all the details mentioned above are true and correct and I agree to cancel the membership and all the money paid by me if any false or incorrect information is found to be mentioned. I am bound to agree to the existing rules and regulations of the association and any amendments or new rules that may be enacted in the future. I am bound to accept the decisions of the Management Committee regarding the rules and regulations of the Association as final and binding.

.....
Date **Signature**

Monthly Membership Fee is Rs.620/-. It is as follows.		
Savings Scheme (Minimum)	Rs.350/-	Contribution to Medical Aid Scheme
The Contribution to the Pension Scheme is	Rs. 20/-	Contribution for Retiring Members
Contribution to Death Benefit Scheme	Rs. 25/-	General Expenses
Contribution for Deceased Members	Rs. 80/-	Rs. 15/-

Note :

1. It is mandatory for the applicant to sign the irrevocable letter of delegation of authority to the Heads of Departments mentioned in (a).
2. This application should be submitted through the Head of the Department to be able to provide the certificate mentioned in (b).
3. A membership admission fee of Rs.100/- will be charged along with the first monthly subscription after the membership is granted.

(a) Letter of authorization to Head of Department :

Secretary/(Head of Department) / Director General of Pensions,

Dear Sir/Madam,

1. I hereby authorize you to recover all money due/collected from me to the Government Officers' Benefit Association, from my salary or gratuity or pension due to me at the end of my service or from any other amount due to me in such amounts as may be notified in writing by the Secretary and Accountant of the Association.
2. I hereby authorize the said association to deduct from my monthly salary and pay to the association all the money due from me, and I also request to accept the written statement/deduction sheet provided by the Secretary and Accountant about the amount of money due from me to the said Association as correct. I am bound to accept the receipt issued by the Association for the money paid to the said association for my membership under this authority.
3. I further declare my agreement that this power assigned to you shall not be revoked until a document which is signed by the Secretary & Accountant of the association or an authorized officer is submitted on behalf of the Management Committee for all money due from me has been paid in full.

Yours Faithfully,

.....

Date

.....

Signature of Applicant

b) Certificate of Head of Department :

1. I hereby certify that Mr./Mrs./Ms.(Name with initials) holding Pension/ Permanent Post as (Title) Ministry/Department/Office, he/she has been appointed to permanent service on....., his/her date of birth is, and he/she is receiving salary under the salary scheme mentioned under No. 13 of the application form (back page)
2. After accepting the above appointments, the officer has been examined by a Government Medical Officer and certified by a medical report that he/she is fit to hold the position in Government service.
3. When the medical report has not yet been obtained, I assure you that it is noted to report to the union immediately if the officer is reported to be unfit for public service at the time of obtaining the medical report.
4. I further certify that this officer belongs to the official category as per Public Administrative Circulars and the minimum qualification of the recruitment procedure related to the position, he/she holds is G.C.E. (A/L) or higher qualification.
5. I hereby certify that action will be taken to deduct from his/her salary the amount prescribed by you based on FR 238(4) (a) as per his/her request above.

.....

Date

.....

Signature of Head of Department
(Official Seal)

*Mention the designation of your Head of Institution.

**Cut out unnecessary words.