THE EMPLOYEES' PROVIDENT FUND ACT No. 15 of 1958

Form E

Notification

PART I (To be filled in by an Employee who is a Member of the Fund on his leaving Employment)

To: The Comm	nissioner of Labour.	
Who is a member ceased to be en of (address of e	per of the Employees' Provident inployed by (name and registered	Fund and whose signature and thumb marks are set here under have in number of the employer)
Thumb marks of	of employee	
Left	Right	
		Signature of Employee
	itness to the signature and thumb	
Date :		
	PART I	I (To be filled in by the Employer)
Employees' Pro	do hereby notify you th	
		Signature of Employer
Date :		

^{*}Delete if inapplicable