

**SMALL FARMERS WELFARE FUND
DEFINED CONTRIBUTION PENSION SCHEME**

MEMBER ENTRY FORM

PERSONAL DETAILS	
Name of Farmer	
Maiden Name (applicable to married female farmer)	
SFWF Reg. No.	□ □ □ □ □
Gender	
Date of Birth	
NIC No.	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Telephone No.	
Address	

MONTHLY CONTRIBUTION (Please tick Option, as appropriate, complete grid for Additional Voluntary Contribution, if applicable, & insert total contribution)			
	Option 1	Option 2	Option 3
	□	□	□
Basic Contribution	Rs 200	Rs 188	Rs 200
Contribution for life assurance and total & permanent disablement cover	-	Rs 12	Rs 12
Additional Voluntary Contribution (in multiple of Rs 50)			
TOTAL			

I, the undersigned, hereby wish to join the Small Farmers Welfare Fund Defined Contribution Pension Scheme managed by SICOM Limited. I declare having read and understood the Rules of the Scheme and agree that my decision to join the Scheme is irrevocable.

Signature of Farmer :

Date :

FOR OFFICE USE (Small Farmers Welfare Fund)	
Name of Officer	
Designation	
Signature	

