PROCEDURAL GUIDELINES FOR APPLICANTS AND CERTIFYING AUTHORITIES PRIOR TO COMPLETING THE APPLICATION

INSTRUCTIONS TO THE APPLICANT

a. This form must be completed in full and submitted with relevant supporting documents (such as rental agreements, medical prescriptions, etc.) to justify the stated requirements.

b. It is mandatory to submit a certified payment slip of the immediate previous month and a certified copy of the Employment agreement (If the applicant is an employee).

c. All certifications must bear official stamps and signatures of all certifying authorities and incomplete or uncertified applications will not be considered for review.

d. Submission of false or misleading information may result in legal consequences.

e. The decision to permit access to funds shall be made only upon approval by the competent authority in accordance with applicable regulations.

f. The financial requirement should reflect only essential living expenses mentioned in the Section B of the application intended for the applicant and immediate family members.

g. The application you received herewith should be hand filled and the duly filled original application shall be submitted to the Office of the Competent Authority.

INSTRUCTIONS TO THE CERTIFYING/ AUTHORIZING PARTIES

a. The authorizing parties shall verify and certify the accuracy and completeness of all information and documents submitted by the applicant.

b. Each certification must bear the official stamp, designation and signature of the certifying officer, clearly indicating the date of verification.

c. The authorizing parties are required to thoroughly review and validate all supporting documents (such as rental agreements, medical prescriptions, invoices or other justifications) to ensure their authenticity and relevance to the stated financial requirements.

d. Prior to certification, the authorizing parties must confirm that the applicant is a listed individual under Regulation No. 1 of 2012, as applicable.

e. Any discrepancies, false information or documents found to be inconsistent with the declared purpose must be immediately reported to the Competent Authority for further review and necessary action.

f. The authorizing parties shall ensure that the requested funds correspond strictly to essential living expenses of the applicant and his/her immediate family members and that the amount requested is reasonable and justified.

g. The authorizing parties must maintain a record of all certifications carried out in connection with the application for future reference or audit by the Competent Authority.

REQUEST TO ACCESS FUNDS FROM A FROZEN ACCOUNT UNDER REGULATION NO. 01 OF 2012 – UNSCR 1373

PART I – PERSONAL DETAILS

A. Personal Details of the Applicant	
Full Name	
National Identity Card (NIC) No.	
Permanent Address	
Profession/ Employment	
Source of Income	
Date of Employment	
Official Address	
Contact No. and E-mail	
Marital Status	
Name of the Spouse	
Spouse's Profession	
No. of Children	
Name/s and age of the children	
Education institutions of the children	
Financial Details of the Applicant: Account Numbers with the Names of the Bank/ Branch. (If additional accounts exist, please indicate and attach them as an annexure in the same format)	
Account no. 1	
Account no. 2	
Account no. 3	
Account no. 4	
Account no. 5	
Spouse's Account Details: Account Numbers with the Names of the Bank/ Branch. (If additional accounts exist, please indicate and attach them as an annexure in the same format)	
Account no. 1	
Account no. 2	
Account no. 3	
Account no. 4	
Account no. 5	

B. Purpose of Request: Please indicate the specific financial requirements for which access to the frozen funds is sought. Provide the estimated monthly amount required for each category.

Category	**Description / Details**	**Estimated Monthly Amount (LKR)**
Food and Groceries		
Medicine and Healthcare		
Rent / Mortgage for Family Residence		
Basic Utility Expenses (Electricity, Water, etc.)		
Payment of Legal Fees		
Total Amount (LKR)		

C. Bank Account Details for Proposed Transfer: Please indicate the frozen account need to credit funds. (Note: The account must be maintained in your name only. Joint accounts are not permitted.)	
Bank Name	
Branch	
Account Name	
Account Holder's Name	
Current Amount (LKR)	

PART II – DECLERATION

D. Declaration by the Applicant	
I hereby declare that the information provided above is true and correct to the best of my knowledge and belief, and that the funds requested are intended solely for the purposes specified in Section "B".	
Signature of the Applicant	
Date	

PART III – CERTIFICATION/ AUTHORIZATION

E. Certification and Verification	
1. Certification by Grama Niladhari of the Division	
I hereby certify that the above-named individual is a resident of my division and that the particulars provided above are, to the best of my knowledge, true and accurate.	
Name	
Signature	
Grama Niladhari Division	
Official Stamp	
Date	
2. Certification by Divisional Secretariat	
I hereby certify that the above-named individual is a resident of my divisional and that the particulars provided above are, to the best of my knowledge, true and accurate.	
Name	
Signature	
Divisional Secretary	
Official Stamp	
Date	

3. Certification by the Officer-in-Charge, Nearest Police Station	
I hereby verify that the applicant is known to this police station and that the information provided has been reviewed to the extent possible.	
Name	
Designation	
Signature	
Police Station	
Official Stamp	
Date	
4. Certification by a Commissioner of Oath/ Justice of Peace	
I hereby certify that the applicant personally appeared before me and signed this declaration in my presence.	
Name	
Signature	
Official Stamp	
Date	

Contact Information of the Office of the Competent Authority:

Contact No:	0112333931
E-mail:	camod@defence.lk
Fax:	0112390288
Postal Address:	Office of the Competent Authority, Ministry of Defence, Defence Headquarters Complex, Sri Jayawadenepura Kotte, Sri Lanka