

Secretary,
Maintenance Board for the Elders.

**AN APPLICATION UNDER SECTION 25 OF THE PROTECTION OF THE RIGHTS OF
ELDERS ACT NO. 09 OF 2000**

- 01. (a) Name of Applicant :
- (b) Permanent Address :
- (c) Age : (d) NIC No:
- (e) Phone Number, if available :

- 02. Particulars of place of residence
 - (a) Provincial Council: (b) District: (c) Divisional Secretary's office:.....
 - (d) Grama Niladhari Wasama: (e) Relevant Police Station:.....

- 03. a. Your present monthly income: Rs.
- b. What is the source of your income?
 - (a) Pension (b) Public Assistance (c) Bank interest
 - (d) If other source, give the source:

- 04. In respect of what is your application?
- (a) Is it in respect of any injustice caused to you by some one? Yes / No
If yes, state the injustice briefly
- (b) Do you expect any assistance/compensation/help/consideration expected from your children? Yes / No
If so, state briefly
- (c) Are you suffering from such infirmity of mind or body that prevent you from or is affecting you in maintaining yourself : (Give particulars)
- (d) If it is in respect of something else, state

05. Give details in respect of your children

(i) Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

[If more than one child, please give below the particulars of such persons]

(ii) Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

(iii) Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

(iv) Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

(v) Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

6. Full name :
Relationship : Age:
Address :
.....
Occupation :
To your knowledge what is his/her monthly income:

Date:

Signature: