

Department of Public Trustee
02, Bullers Lane,
Colombo 7

For office use only
My No: -----
Serial No: -----

Application form for religious aids

01.Name of the applicant: _____

02.Address of the temple: _____

Telephone No: _____

03.District: _____

04. Divisional Secretariat: _____

05.Name of the chief incumbent: _____

06. (I)Reason for requesting aids: _____

(II)Estimated Amount : _____

(III) Name of the temple account: _____

(IV) Account No: _____

(V) Bank and Branch: _____

07.Details of the previously received donations

- Department of Public Trustee : _____
- Ministry of Buddhasasana : _____
- Department of Buddhist Affairs: _____
- President Fund : _____
- Other: _____

If there are important factors to be considered when making the donation, please mention.

If this project be approved for funding, please note that the following conditions will apply.

1. Granted funds may only be used for the activities and expenses detailed in the approved application.
2. Before any assistance is provided, all necessary information will be communicated in advance. An authorized officer from the Department of Public Trustee will inspect the premises during anytime. The officer will document their findings with reports and photographs, which will be archived and submitted for audit purposes.
3. If it is determined that the individual did not formally apply for the original task, the Public Trustee Department reserves the right to pursue legal action to recover the principal amount.

I hereby certify that all parties have agreed to the above terms and conditions.

Date:-----

Signature of the applicant
(Official Stamp)

The recommendation of the chief registrar Thero of the Sasanarakshaka Balamanadalaya

I confirm the accuracy of the above information and recommend the provision of assistance to address their needs.

Date:-----

Signature of the registrar Thero
(Official Stamp)

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The premises has been /has not been inspected.

I recommend that the granting an amount of Rs. _____ for the above purpose from the _____ trust/ estate.

Date:-----

Authorized Staff officer of the
branch

Recommendation of the Public Trustee

Date:-----

Public Trustee of Sri Lanka

Send us the following bank account details

***Address: Public Trustee, Department of Public Trustee, No:02, Bullers Lane, Colombo 07
Telephone no: 011-2581690***

01.Name of the Bank: - _____

02.Branch:- _____

03.Name of the Temple account: - _____

04.Temple account No:- _____

- *Please note that cheques will not be issued for personal accounts or accounts held under personal names.*