

Payee Information Form

Name with initials:

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First Name:

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NIC:

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Institution Attached:

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Contact No:

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E-mail:

.....

Amount:

Rs.....

Purpose:

Membership [(Full Member/Associate Member/Student Member) (Annual Session/Workshop/Lecture)]

Specify:

.....

Date:

.....

Please make sure to fill this form and send along with the scanned payment slip.

Bank Details:

Name of the Account : Dietitians' Association of Sri Lanka

Account Number : 0076190872

Bank : Bank of Ceylon

Branch : Regent Street