To: National Ambulance LLC

Date: Wednesday, 25 May 2022

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| --- | --- |
| **Employee Name:** |  |
| **Employee Number:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Amount of Final Settlement:** | AED |
| **Amount to be Retained and paid after 60 days from LWD:** | AED |
| **Amount To be Paid Now:** | AED |

**Subject: Final Settlement and Visa Cancellation Acknowledgment**

By means of this ‘**Final Settlement and Visa Cancellation Acknowledgement**’, and once National Ambulance LLC has proof that the funds, the ‘Amount of Final Settlement’ shown above, have been transferred into my nominated bank account, details of which are contained in my Personnel File with National Ambulance LLC, or have issued me with a cheque for the Amount of Final Settlement, I hereby accept full and final settlement of all outstanding liabilities of National Ambulance LLC and confirm that I will not seek any further amount or compensation from National Ambulance LLC in the future. I also acknowledge that National Ambulance will cancel my Visa at the end of my employment.

The full and final dues paid to me by National Ambulance LLC, the ‘**Final Settlement**’ includes, but may not be limited to the following:

* End of Service Benefits (if applicable)
* Accrued Leave compensation (if applicable)
* All other salaries, allowances and benefits due to me

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_