

**DECLARATION**

To

HR Head,

Company Name :

I Mr./Ms./Mrs. ,dohereby declarethat I would like to opt for:-

(Highlight Selected Option)

1. **LTA :** Monthly (Taxable)

□

□

Annual Reimbursement (Non-Taxable)

Thanking You, Regards

**(Signature)** Associate ID: Name: Designation: Department: Company: Location:

Dated (MM/DD/YYYY)