

Pensions/CGSC

Notification for Member Termination

Scheme Na	ime :					
		Employee (Employee Comprehensive Gratuity Scheme			
Policy Con	tract No. :					
Folicy Coll	tract No					
A. Member	Details					
1	Name of Member	Mr./ Ms.				
			(Surname)	(First name)	(Middle name)	
2	Emp. Identity Number					
_						
3	Date of Joining Service	е	dd/mm/yy			
4	Date of Birth		dd/mm/yy			
5	Date of Exit		dd/mm/yy			
6	Cause of Exit					
7	Salary as on the Date	of Exit				
	Guiary ao on tho Bato t	OI EXIL				
8	In case of Death :					
	Cause of Death (In case of death, death cer	tificate to be attach	ed)			
	(iii case of death, death cer	inicate to be attach	cuj			
9	Total Gratuity payable as per rules					
Disease				/T1 0'	at	
Place:				(Trustee Signature) For Self &On behalf of the Co - Trustees of		
Date :	dd/mm/yy					
				Employees Comprehensive Gra	atuity Scheme	
For Office	Use Only					
Forms Received Date:		_	Dragger - d b	011	ad by	
i uma neceiveu dale:			Processed by:	Check	eu by	
			Processed Date:	Checked	Date:	