

Pensions/CGSC

Notification for Member Termination

Scheme Name	:	Employee Comprehensive Gratuity Scheme		
Policy Contract No.	:			
A. Member Details				
1	Name of Member	Mr./ Ms.		
			(Surname)	(First name)
			(Middle name)	
2	Emp. Identity Number			
3	Date of Joining Service	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			
8	In case of Death : Cause of Death <small>(In case of death, death certificate to be attached)</small>			
9	Total Gratuity payable as per rules			

Place : _____

Date : dd/mm/yy

(Trustee Signature)

For Self & On behalf of the Co - Trustees of

Employees Comprehensive Gratuity Scheme

For Office Use Only

Forms Received Date:

Processed by:

Checked by

Processed Date:

Checked Date: