

PSRF16712071312
Comp/Jul/Int/2427



Request for Information – Mid-year Leavers (Other than Death)

POLICY NUMBER :
POLICY HOLDER NAME :

Please give us the following details in respect of the employees leaving the scheme:

Sr.No	Name of the Employee			Identification number of employee	Member No.	Date of birth (DD/MMM/YYYY)	Date of leaving the Company* (DD/MM/YYYY)	Reason for leaving the scheme (Other than Death)
	Salutation	Last Name	First Name					

** In case of loan cover, please specify the date of full repayment of the loan.*

We declare that the information provided **with regard to these** members is both true and accurate to the best of our knowledge.

Signed for and on behalf of the Company / Group

Signed By :

Date :

 Signature
 (Authorised Signatory)
 {Rubber stamp and Address}