

Request of relief under Termination of Employment (Special Provision) as amended

Act No. 45 of 1971

01. Full name of Employee:

02. Permanent Address:

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03. Date of Appointment:

04. Post held:

05. Date of Birth:

06. National Identity Card No:

07. Last drawn salary at termination:

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(If allowances other than the basic salary were paid state the basic salary and other allowances separately.)

08. Date of termination of employment:

09. Correct Name of the Employer Institution:

10. Address of the Employer Institution:

(Please forward a certified copy of the Company Registration - Form 01 or Form 20 if possible)

11. Reason for Termination of Employment:

12. Retirement age of the Institution:

13. Total number of employees of the Institution:

14. Names and addresses of the Directors/ Owners/ Share holders of the Institution:

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15. Nature of product of Institution:

16. Signature of Employee with date :

17. Telephone Number: Whatsapp/ Viber (if any)

18. E-mail address (if any)