

Departure notice *(to be completed by the employer - please complete in block capitals)*

1. Company:

Contract no.:

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2. Personal details of the departing person:

Surname:

First name:

Street, no.:

Postcode/Town:

Date of birth:

Civil status: single married* in registered partnership* divorced* widowed*

*Date of marriage / registered partnership / divorce / widowhood:

3. Leaving the company / group of insured persons (as per pension plan) as at:

4. By whom was the employment relationship terminated?

Employee

Employer

5. The employer confirms that the insured person is or was fully able to work on the date of departure:

yes

no if no, degree of disability:% incapacitated to work since:

6. Remarks:

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7. Signature:

By signing this document, the employer confirms that the information given is complete and correct.

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Place, date

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Stamp, signature of the employer