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(Office use only)

Application for Release of Terminal Benefits

(Please write "No" when it is not applicable)

01.	Full	Name: Mr/Ms.:						•••••						
02.	Residential Address:													
03.	Telephone No :													
04.	National Identity Card No / Passport No :													
05.	•	(Please attach a photo copy) Employer's Name & Address:												
06.		ice Period : From	(Service Certific				То							
07.	Income Tax File No.(If any):													
08.	Registered No . if direction have been issued by this office to release terminal benefits previously.													
	(Please attach copies of directions)													
09.	Terminal benefits to be released (a letter of award by the employer should be attached)													
	I. Amount of Provident Fund Balance (Please attach formal letters of award)II. Amount of gratuity							Rs				•••••		
	• Paid under the gratuity law:							Rs						
		• Paid outside the gratuity law:					Rs							
	(Whether the gratuity has been granted under a uniform scheme or not – conformation from the employer)													
	III.	. Amount of commuted pension paid :					Rs							
	IV. Amount of compensation paid: (Please attach a letters on Tax exemption if granted)					ed)	Rs							
	V. Contribution to Employees Trust Fund (Please attach a letter certifying the contribution made					Rsby the employer)								
	VI.	. Any other terminal benefits :						Rs						
								Rs				•••••		
10.	Current Employment, if any (the name & address of the employer and the monthly salary)													
	I her	eby certify that the	particulars give	above	are tr	ue and	d corre	ect for the	e best o	of my	know	ledg	ge	
Da	ite :			Signature of employees										
	₽ TL:	a form to be complete	tad by the ancolor		t	4 40 41-			DAVE		4 TIn:4	Dar		

This form to be completed by the employee and returned to the commissioner PAYE Audit Unit, Department of Inland Revenue, No.100, Wekanda Road, Nawam Mawatha, Colombo 02 .along with originals of all supporting documents.