

Generali Central Life Insurance Co. Ltd.

Contribution Form for Leave Encashment Scheme

Policy Holder	
Policy No	

Contribution Details Towards:

Account level	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee
Type of Contribution	<input type="checkbox"/> Initial Contribution	<input type="checkbox"/> Annual Contribution
Date		
Period of Contribution		
Initial Contribution (INR)		
Annual/Monthly Contribution (INR)		
Total Contribution (INR)		
Total no.of Members*		

* - If account level is employee then please attach the individual member level contributions along with this form.

Payment Instrument:

Bank Cheque/DD Drawn On	Instrument Dated	Paid Amount (INR)	Cheque/DD Number

Trustee's Declaration

I/We hereby declare that the above information has been verified by us to the best of our knowledge and belief.

Name of the Employer _____

Name of Authorized Signatory: _____ Signature: _____ Date _____

Name of Authorized Signatory: _____ Signature: _____ Date _____

Name of Authorized Signatory: _____ Signature: _____ Date _____

Address: _____

Affix the Company Rubber Stamp/Seal _____