

Future Generali India Life Insurance Co. Ltd.

Contribution Form for Leave Encashment Scheme

Policy Holder					
Policy No					
Contribution Detail	s Towards	<u>51</u>			
Account level		☐Employer ☐ Employee			
Type of Contribution		☐ Initial Contribution ☐ Annual Contribution			
Date					
Period of Contribution	,				
Initial Contribution (INR					
Annual/Monthly Contrib	bution				
Total Contribution (INR))				
Total no.of Members*					
* - If account level is employed Payment Instrument		attach the indivio	lual member level co	ntributions	along with this form.
Bank Instrument Cheque/DD Drawn On		t Dated	ted 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 Employe	er				
Name of Authorized S	Signatory: _		Signatu	ıre:	Date
Name of Authorized S	Signatory: _		Signatu	ıre:	Date
Name of Authorized S	Signatory: _		Signatu	ıre:	Date
Address:					
Affix the Company Rubb	er Stamp/Se	eal			

Future Group's, Generali Group's and IITL Group's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited. (CIN: U66010MH2006PLC165288) | Regd. & Corporate Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone Road (West), Mumbai 400013 | Fax: 022-4097 6600, Email: groupservice@futuregenerali.in | Call us at 1800 102 2355 | Website: life.futuregenerali.in