

**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 \_\_\_\_\_