Receipt of End of Service Benefits

Name……………………….:

Issue Date…………………………:

Nationality……………………….:

E. ID…………………………….:

ID No……………………..:

Place of Issue…………………………..:

Last Date………………..:

I, the above mentioned  employee hereby state ..I have receive all the financial benefits as salaries and dues from …………….. as of ………………. and I have no claims whatsoever from company and affix

my signature

……………………………..