

**(This form should be filled on the Company Letter Head)**

Date .....

The Secretary,  
The Mercantile Service Provident Society,  
212, De Saram Place,  
Colombo 10.

Dear Sir,

**Cessation of Employment - Rule Applicable – 41 & 43**

Given below particulars of Cessation to enable you to release the member's provident fund.

- 1) **Contributor Code** : .....
- 2) **Membership No.** : ..... **NIC No.:** .....
- 3) **Member Name** : .....
- 4) **Mobile No. (Private)** : .....
- 5) **Member's Address (Private)** : .....
- 6) **Member's Bank Details:** - Bank Name : ..... (Please attach a copy of pass book for verification)  
Bank Branch : .....  
Bank Account No : .....
- 7) **Date of Cessation** : .....
- 8) **Contribution**

	<u>Contributor – Rs.</u>	<u>Member - Rs</u>
Retired Year - .....	: .....	: .....
- 9) **MSPS Balance (Previous Year) as at 31/12/....** : ..... : .....
- 10) **MSPS Loan Balance (if any)** : **As at** ..... **Amount Rs.** .....
- 11) **Employer's Claim under Rule 43 (if any)** : YES / NO.....
  - a) Recovery of Employer's Claim (Loans) : Rs. .... (Please attach supporting document)
  - b) Recovery of any advance (salary or wages) : Rs. .... (Please attach supporting document)

**Total - Employer's claim** : Rs. .... (Please complete Form 2)

We confirm that the above information is true and correct and hereby indemnify, defend and hold harmless, the Society and the Trustee from and against any and all claims, losses, damage, costs and expenses which may arise to the Society relying on the information provided herein.

Yours Faithfully,

Company rubber stamp with authorized signature