TERMINATION ADVICE

(For RETIREMENT ONLY, complete DUPLICATE for PENSIONS OFFICE)

				-					
1. The Manager, Salary Service Bureau, P.O. Box 8093, Causeway.					Date-stamp				
Cau	seway.	Manual Comment	TY 30	1					
	Pensions Office	er,							
P.O. Hara	Box 1382,		'A' SET						
. nara	ile.								
	N	ame ·	Dept/Stn Code						
100									
The tern	nination of service	ce of the above named by re	eason of		•				
in terms	of section		of the Constitution/Pu	ıblic S	ervice/Empl	oyees	Police/Priso	ns/Defence	
						Regu	lations,		
	Card type	Section Subsection			code numb		C/D	to an art	
	0 0	3 4 5 6	8			13	14		
						Tax on			
	Action type	Date of termination	C.I.L			CIL			
	111 111								
	15 16	17	22 23	24		25			
	INSTRUCTIO				E	MPLO	YEE'S TA	1	
Section, Subsection, E.C. No. and Check Digit-Complete all 11 blocks, 3-14. Action Type: LEAVE BLANK (S.S.B. will complete)						CERTIFICATE			
Date of termination: Complete all 6 blocks e.g. 300493						ISSUE REQUESTED			
C.I.L. LEAVE BLANK (S.S.B. will complete where necessary) Tax on Cash in lieu of leave: Enter 1 if full CIL to be taxed.					YES/NO				
Enter 3 if one-third CIL to be taxed. (Election by individual to be attached to this Termination Advice)					([Delete i	napplicable)		
AUTHOR Quote ref	RIZATION	nission's approval				1			
Ref:									
Data				or Hea	ad of Ministr	y/Head	of Departm	ent	
Date						Ministry/Department			
PRIVATE	FORWARDIN	G ADDRESS FOR PEN	SION PURPOSES (N	lot Mir	istry addres	ss)	arrent .		
)							
(b) Acco	unt to which pen	sion benefit to be paid:							
(i) 1	Name of Bank, B	Building Society, or P.O.S.B	.:			· ·			
							* 6 10 10 10 10 10 10 10 10 10 10 10 10 10		

(iii) A	Account Number								
		CASES, and (b) only if ap							
FOR SAL	ARY SERVICE	BUREAU USE							
				1	Tax				
Section		Audit			trailer		PAYE		
clerk		examined			YES				
					NO				
Actioned:	Month		Vear	1	1				