

Future Generali India Life Insurance Co. Ltd.

# **Contribution Form for Leave Encashment Scheme**

Policy Holder	
Policy No	

# **Contribution Details Towards:**

Account level	Employer Employee
Type of Contribution	Initial Contribution 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 \_\_\_\_\_

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