

## Departure notice *(to be completed by the employer - please complete in block capitals)*

### 1. Company:

### Contract no.:

.....

.....

### 2. Personal details of the departing person:

Surname: .....

First name: .....

Street, no.: .....

Postcode/Town: .....

Date of birth: .....

Civil status:  single  married\*  in registered partnership\*  divorced\*  widowed\*

\*Date of marriage / registered partnership / divorce / widowhood: .....

### 3. Leaving the company / group of insured persons (as per pension plan) as at: .....

### 4. The employer confirms that the insured person is or was fully able to work on the date of departure:

yes

no if no, degree of disability: .....% incapacitated to work since: .....

### 5. Remarks:

.....  
.....

### 6. Signature:

By signing this document, the employer confirms that the information given is complete and correct.

.....  
Place, date

.....  
Stamp, signature of the employer