مجمع الصناعات الوطنية
National Industries Park

End Of Service Entitlement

FORM 7

Company Name and Address: _____

Employee's Name: _____

CEC No: _____ License No.: _____ Date: _____

Date:

Basic Salary Dh. _____ / Month
Basic Salary / 30 Dh. _____ / Day
Allowance Accm. Dh. _____ / Month
Food Dh. _____ / Month
Job Allowance Dh. _____
Other Allowance Dh. _____

Joined Date _____
Left Date _____
Service -
Months _____ Years _____
Termination Type _____

A. Dues	Dirhams
Salary From _____ To _____	
@Dhs. _____ / Month	
Overtime _____	
Leave Pay _____ Days @ Dhs. _____ / Day Total _____	
Gratuity _____ Days @ Dhs. _____ / Day Total _____	Gross Due Dirhams _____
Retention's Repaid _____	
Other Credits _____	

B. Deduction	Dirhams
Advances _____	
Tel / Telex _____	
Airfare to _____	Total Deduction Dirhams _____
Others _____	Total _____

C. Net Amount Payable (A-B)	Dirhams
	Received (in Words) _____
	As full & final settlement of all my dues from the company

Authorised Company Signatory & Company Stamp

Date

Employee Signature