***Form 3.7***

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ROYAL CIVIL SERVICE COMMISSION

Civil Servants’ Welfare Scheme

**Reimbursement Form**

*This form is only for those members who have not made a single claim.*

* + - * 1. **Information about the member**
  + Full name:
  + Position Title and Level:
  + EID no.:
  + CID no.:
  + Agency:
* Mobile no.:
  + Membership period …….……/…….……/…….…..…… to ….………/….………/………...……
  + Reason for withdrawal (tick whichever is relevant and attach Office Order):
    1. Voluntary resignation
    2. Early Retirement Scheme
    3. Delinking of agency

Sd/

Place: (Legal stamp)

Date: Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - * 1. **Refund**
* Total cumulative amount: Nu. ……………………………/-
* Total refundable amount: Nu. …………………………../- (75% of the total cumulative amount)
* Bank details
  + Account no.:
  + Name:
  + Branch:

**Verification by the HR Officer:**

Date

Name

Signature

Official seal