



ROYAL CIVIL SERVICE COMMISSION
Civil Servants' Welfare Scheme



Reimbursement form

Form 3.7

a. Information of the civil servant/Agency:

- Name:
- Position Title and Level:
- EID:
- Agency:
- Mobile No:

b. Reasons for Reimbursement (tick wherever relevant and attach supporting documents):

- Non-member
- Double deposits
- Wrong deposits

Place:

Date:

**Sd/
(Legal stamp)
Signature**

c. Reimbursement details:

- Deposits made to CSWS from to
- Total Amount: Nu/-
- Bank details:
 - Account No:
 - Bank:
 - Branch:

Verification by the HR Officer:

Name

Signature

Date

Official seal