

## **End Of Service Entitlement**

	FORM 7
Company Name and Address:	
Employee's Name:	
CEC No: License No.:	Date:
Date:	
Basic Salary Dh/ Month	Joined Date
	Left Date
Basic Salary / 30 Dh / Day	
Allowance Accm. Dh/ Month	Service -
Food Dh/ Month	MonthsYears
Job Allowance Dh.	Termination Type
Other Allowance Dh	
A. Dues	Dirhams
Colony From To	
Overtime	
Leave Pay Days @ Dhs / Day Total	
	Gross Due Dirhams
Retention's Repaid	
Other Credits	
B. Deduction	Dirhams
Advances	
Tol / Tolov	
Airfare to	Total Deduction Dirhams
Others	Total
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