

RECRUITMENT ALLOWANCE CLAIM FORM

A) PERSONAL DETAILS

Tick as applicable (Mr/Mrs/Ms/)

Name: _____ Surname: _____

Date of Birth : _____

ID No: _____

Cell No: _____

Email Address: _____

B) RECRUITEE DETAILS

Names of Recruited members

Commencement Month of deduction

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

C) CLAIMANT'S AMOUNT: P _____

Amount in Words: _____



Date: _____ Signature: _____ Contact: _____

D) EWALLET DETAILS

Cellphone number to be paid into: _____

FOR OFFICIAL USE ONLY

E) Checked & Recommended by:

1. Name: _____ Position: _____

Signature: _____ Date: _____

F) Manager's Remarks: Approved: _____ Rejected: _____

2. Name: _____ Signature: _____

Date: _____

Manager's
Comments: _____