OFFICE OF THE DEPUTY GOVERNOR

#3 Farara Plaza
Brades, MSR1110, Montserrat, West Indies

Tel: 1-664-491-6523/6524/9202 Fax: 1-664-491-9751 Email: odg@gov.ms

REQUEST FOR PENSION/GRATUITY LETTER

Please complete form

TITLE: Mr……Mrs…….Miss…… **SURNAME** ……..

OTHER NAMES……..

DATE OF BIRTH: ……..

CONTACT DETAILS: Phone: …….. Email: …….

DEPARTMENT……

DATE OF EMPLOYMENT: .....

POSITION…….

CURRENT SALARY POINT…… or ANNUAL **SALARY** ……

HIGHEST 3 SALARY & PERIOD **DATES - ANY "NO PAY" LEAVE: …….....**

NUMBER

…...

Salary & Allowance	Salary 1	Salary 2	Salary 3
Annual Salary			
Dates			
Taxable Allowance & Type			
Dates			

DATE ……/……/……. SIGNATURE ……

This application will take approximately three (3) working days to process. We will contact you when ready for pick up

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RECEIVED: DATE ….../…../…….. SIGNATURE…….

NAME……

Processed By:..... Date:.....

Delivered to: …… Received by: …….