PARTICULARS OF EMPLOYEE LEAVING (OR DECEASED)

•	The state of the s						
2.	Nature of employment						
3.	Date of leaving (or death)						
4.	Any number used to identify employee						
5.	(a) Total pay from 1st January to date ceased	\$					
	(b) Total value of benefits and perquisites	\$					
	(c) TAX DEDUCTED (if nil state such)	\$	••••••••••••				
	(d) Pension fund deductions	\$,,				
	(e) NET PAY	\$,					
6.	(a) Private address of employee (if known)		S				
	(b) Name and Address of personal representatives, (if emp	oloyee dec	ezsed)				
7.	7. Name and Address of new employer (if known)						
I certify that the particulars given at items 1 to 5 are correct.			For official use				
Employer							
Ac	ldress	p.					
Da	ite						
			Carry Carry Co. 100 100 100 100 100 100 100 100 100 10				

INSTRUCTIONS TO EMPLOYER

- 1. Complete all items as far as possible taking care that carbon entries on Parts 2, 3, and 4 are legible.
- 2. Hand Part I to the employee or post to him when you make the last payment of emolu-
- 3. Send Parts 2 & 3 to THE INLAND REVENUE DEPARTMENT IMMEDIATELY. Part 4 is for your records.
- 4. If employment commenced after 1st January show that date at 5(a).

INSTRUCTIONS TO EMPLOYEE

TAKE CARE OF THIS FORM

PARTICULARS OF EMPLOYEE LEAVING (OR DECEASED)

1. Name of employee

2.	Nature of employment							
3.	Date of leaving (or death)							
4.	Any number used to identify employee							
5.	(a) Total pay from 1st January to date ceased	\$						
1	(b) Total value of benefits and perquisites	\$	******************************					
	(c) TAX DEDUCTED (if nil state such)	\$						
	(d) Pension fund deductions	\$						
	(e) NET PAY	\$						
6.	(a) Private address of employee (if known)							
	(b) Name and Address of personal representatives, (if employee deceased)							
7. Name and Address of new employer (if known)								
I certify that the particulars given at items 1 to 5 are correct.			For official use					
Em	ployer							
Ad	dress							
Da	te							

INSTRUCTIONS TO EMPLOYER

- 1. Complete all items as far as possible taking care that carbon entries on Parts 2, 3, and 4 are legible.
- 2. Hand Part 1 to the employee or post to him when you make the last payment of emoluments.
- 3. Send Parts 2 & 3 to THE INLAND REVENUE DEPARTMENT IMMEDIATELY. Part 4 is for your records.
- 4. If employment commenced after 1st January show that date at 5(a).

INSTRUCTIONS TO EMPLOYEE

TAKE CARE OF THIS FORM

PARTICULARS OF EMPLOYEE LEAVING (OR DECEASED)

1.	. Name of employee				
2	Nature of employment				
3.	Date of leaving (or death)				
4.	Any number used to identify employee				
5.	(a) Total pay from 1st January to date ceased	\$			
1	(b) Total value of benefits and perquisites	\$			
	(c) TAX DEDUCTED (if nil state such)	\$	£.,.,,,,		
	(d) Pension fund deductions	\$			
	(e) NET PAY	\$			
6	(a) Private address of employee (if known)				
	(b) Name and Address of personal representatives, (if employee deceased)				

7. Name and Address of new employer (if known)					
I certify that the particulars given at items I to 5 are correct.			For official use		
E					
A	Address				
Date					

INSTRUCTIONS TO EMPLOYER

- 1. Complete all items as far as possible taking care that carbon entries on Parts 2, 3, and 4 are legible.
- 2. Hand Part 1 to the employee or post to him when you make the last payment of emoluments.
- 3. Send Parts 2 & 3 to THE INLAND REVENUE DEPARTMENT IMMEDIATELY. Part 4 is for your records.
- 4. If employment commenced after 1st January show that date at 5(a).

INSTRUCTIONS TO EMPLOYEE

TAKE CARE OF THIS FORM

PARTICULARS OF EMPLOYEE LEAVING (OR DECEASED)

1.	Name of employee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2.	Nature of employment					
3.	Date of leaving (or death)	••••				
4	Any number used to identify employee					
5.	(a) Total pay from 1st January to date cease	d \$	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	(b) Total value of benefits and perquisites	\$				
	(c) TAX DEDUCTED (if nil state such)	\$				
	(d) Pension fund deductions	\$	****************			
	(e) NET PAY	<u>\$,</u>				
6. (a) Private address of employee (if known)			······································			
(b) Name and Address of personal representatives, (if employee deceased)						
7.	7. Name and Address of new employer (if known)					
Ιc	ertify that the particulars given at items I to	are correct.	For official use			
Employer			LOL OHICIBI nze			
Ad	ldress					
Da	Date					

INSTRUCTIONS TO EMPLOYER

- Complete all items as far as possible taking care that carbon entries on Parts 2, 3, and 4 are legible.
- Hand Part 1 to the employee or post to him when you make the last payment of emoluments.
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INSTRUCTIONS TO EMPLOYEE

TAKE CARE OF THIS FORM