

Cessation Form

NOTE: This form contains form fields - you can type directly into the form, print the form, sign it and then send to SmartSalary for processing. Applications cannot be processed without a signed declaration from the employee. Please remember to sign the form before sending it to SmartSalary for processing.

Section A - Your Personal Details

Employer	<input type="text"/>	Serial Number	<input type="text"/>
Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Phone (BH)	<input type="text"/>	Mobile Phone	<input type="text"/>
Postal Address	<input type="text"/>		

Please select one of the following options:

- I am currently packaging and would like to cease all of my benefits --> Complete Section B & D only
- I am currently packaging and would like to cease some of my benefits --> Complete Section C & D only

Section B - Notification to Discontinue Packaging

Date Salary Packaging Discontinues	<input type="text"/>	Last Working Day	<input type="text"/>
Date of Final Salary Payment (if known)	<input type="text"/>		
Why do you wish to discontinue Salary Packaging?	<input type="text"/>		

Section C - Cessation of Benefits

Please discontinue the following benefit(s) from my salary packaging arrangements as of the date advised below.

Benefit Name	Cessation Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section D - Employee Declaration

I hereby declare that:

- * The information provided is true and correct to my knowledge; and
- * I have read and accept the SmartSalary Terms & Conditions available on the SmartSalary website.

Signature: Date: