



**NITOL NILOY GROUP  
APPLICATION FORM-WELFARE FUND**

**COMPANY/EMPLOYEE INFORMATION:**

<b>IDENTIFICATION:</b>			
<b>NAME</b>		<b>ID</b>	
<b>DESIGNATION</b>		<b>DEPARTMENT</b>	
		<b>COMPANY</b>	
<b>SALARY</b>		<b>INCENTIVE ( 6 months Average if applicable )</b>	
<b>ACCOUNTS INFORMATION :</b>			
SALARY ADVANCE (if any)			
PROVIDENT FUND ADVANCE (if any)			
FUND AVAILED BEFORE (please specify with date)			

**FAMILY INFORMATION:**

<b>FAMILY MEMBER</b>		<b>EARNING MEMBER</b>	
<b>EARNING MEMBER WORKING IN NITOL GROUP &amp; ID.</b>			

**GROUND FOR FINANCIAL ASSISTANCE:**

a.	
b.	
c.	
<b>PLEASE ATTACHED GENUINE SUPPORTING DOCUMENTS (ORIGINAL CASH MEMO IF ANY). TOTAL TK.</b>	

\_\_\_\_\_  
SIGNATURE OF APPLICANT'S

<b>CMO'S COMMENTS &amp; SIGNATURE</b>
_____ SIGNATURE

**COMMENTS / CLEARANCE:**

<b>FUND COMMITTEE'S RECOMMENDATION</b>	
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**AUTHORIZATION:**

<b>FINAL APPROVAL</b>	
	_____ SIGNATURE

\_\_\_\_\_  
Applicant's signature with ID.

\_\_\_\_\_  
Receiver's signature with ID.