



**NAFF F4**

## **WITHDRAWAL FROM WELFARE INSURANCE SCHEME**

1. Names in full \_\_\_\_\_
2. Svc No \_\_\_\_\_
3. Last Unit \_\_\_\_\_
4. Presentt \_\_\_\_\_
5. Reason(s) for Withdrawal \_\_\_\_\_  
(Retirement, Dismissal, Death, Disability)
6. Authority for (5) above \_\_\_\_\_
7. Effective Date of Withdrawal \_\_\_\_\_
8. Date of Joining the Scheme \_\_\_\_\_

\_\_\_\_\_  
Signature of Contributor/NOK and Date

8. Unit CO/Comd \_\_\_\_\_  
Signature

Date \_\_\_\_\_