VANGUARD LIFE ASSURANCE COMPANY LTD

STATEMENT OF NEW ENTRANT – GROUP LIFE ASSURANCE/PENSION SCHEME

PLEASE COMPLETE IN DUPLICATE

EMPLOYEE BENEFITS **STATEMENT OF NEW ENTRANTS**

SCHEME CODE: …….. **SCHEMENAME: ……...……....**

REF. NO.	DATE OF BIRTH			NAME OF EMPLOYEE		DATE OF JOINING COMPANY		DATE OF JOINING SCHEME		GENDER	ANNUAL SALARY	COMPANY REF. NO.	MULTIPLE	GROUP LIFE ASSURANCE COVER	REMARKS
	YR	MTH	DAY	SURNAME	FIRST NAME IN FULL AND OTHER INITIALS	YR	MTH	YR	MTH						

I hereby certify that the foregoing statements are strictly true and correct that the employee(s) has/have fulfilled the eligibility conditions as set out in the rules and that the employees (s) was/were in active employment on the first working day of joining the Scheme.

NAME **SIGNATURE** **DESIGNATION** **DATE**

EMPLOYER OFFICIAL STAMP