

NO.	EMPLOYEE ID	EMPLOYEE FULL NAME	NATIONAL ID / SSN	PENSIONABLE SALARY	EMPLOYEE CONT.	EMPLOYER CONT.	VOLUNTARY CONT.	TOTAL CONT.
Total Return:								

I hereby certify that the information provided in this Return and Reporting Sheet is true, accurate, and complete in accordance with the regulatory pension standards and our organization's payroll and retirement contribution schemes. No eligible employees have been omitted.

Authorized Signatory Name & Title

Date (DD/MM/YYYY)