

RESIGNATION FORM



To be filled by Sales (Advisor/BP/DM)

Request to : Distribution Operations

Name of the Advisor/BP _____
Mr./Ms./Mrs. First Name Surname

Advisor/BP code _____

Mobile number _____ Email ID _____

Reporting SM's LA Code _____ Reporting SM's Employee Code _____

Approved by SM's Name _____
Mr./Ms./Mrs. First Name Surname

ARM/RM Employee Code _____
(Applicable for GP Advisor)

Approved by ARM/RM Name _____
(Applicable for GP Advisor) Mr./Ms./Mrs. First Name Surname

Reason for Resignation _____

Do you want to cancel your License? Yes No

Advisor/BP Signature SM's Signature ARM/RM Signature
(Applicable for GP Advisor)

To be filled by BDOPS

Photo id card surrender (for advisors only): Yes No
(If the ID card is lost then Advisor Declaration approved by Sales Manager required)

SM's approval on mail: Yes No SM's Employee Code: _____

ARM/RM approval on mail: Yes No ARM/RM Employee Code: _____
(Applicable for GP Advisor) (Applicable for GP Advisor)

BDOPS Co-ordinator Name _____
Mr./Ms./Mrs. First Name Surname

BDOPS Co-ordinator Signature

FOR OFFICE USE ONLY:

Spaarc Call ID _____ Date

Scanning Cabinet _____ Received By _____

Remarks _____



ACKNOWLEDGEMENT SLIP

Resignation request received from Mr/Mrs _____

with Advisor / Business Partner code _____ on date

Branch code _____

Branch Name _____

Seal and Signature

COMP/DOC/Dec/2020/412/4943