Embassy of Democratic Socialist Republic of Sri Lanka

State of Qatar

Death Notification – Employer Form

Deceased Name ……..

Date of Death

Date	Month	Year

Job / Occupation …….

Company Name …….

Address

Po.Box	Building No	Street No	Zone No

Deceased Employment Period
Work Start Date
Last Working Date

Date	Month	Year

	Natural	Traffic Accident	Work Accident	Other
Cause of Death				

Salary Due & End of Service and Other Compensation Eligibility

	Amount (QR)	Reference Details
Due Salary (Yes/No)		
End of Service Benefit (Yes/No)		
Workmen's Insurance (Yes/No)		
Life Insurance (Yes/No)		
Other (Yes/No)		
Amount		

Company Contract Person

Name	Designation	Contact No.

Email ……

…….

Signature of the Authorized Officer

Company Stamp