OMAN INSURANCE COMPANY P.S.C.
DUBAI - U.A.E.

STAFF TURNOVER STATEMENT AS ON:_____

NAME OF ORGANISATION: _____

POLICY NO. OIG_____

ADDRESS:_____

NEW EMPLOYEES

SL. NO:	NAME OF EMPLOYEE:	DATE OF BIRTH:	DESIGNATION/ OCCUPATION:	Sum Assured/ Monthly Salary	SEX:	Joining Date: