



Advance Request Form (ARF)

INDUSTRIAL PLOT NO.:11, AREA III, NAGAVALLI AMMAN KOIL STREET, MARAIMALAI NAGAR,
CHENGALPATTU - DISTRICT TAMILNADU - 603209, INDIA PHONE : +91 44 27453333 / 32
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| | | | |
|----------------------------------|----------------------------------|-------------------------|----------------------------------|
| Name of Employee: | | Date: | |
| Designation / ID.No: | | | |
| Employee Code No: | | | |
| Grade: | | | |
| Department: | | | |
| Length of Service | | | |
| Purpose for Advance | | | |
| Amount Required | Sanctioned Amount | EMI Period | Monthly EMI |
| In Rs. | In Rs. | | In Rs. |
| | | | |
| | | | |
| Amount in Words: | | | |
| | | | |
| Signature of the Employee | Signature of Accouts Dept | Signature of HOD | Approved by MD / Director |
| | | | |

Remarks

1. Advance amount will be deducted as per the EMI (duly filled in the ARF)
2. EMI Period Should not be extended between the loan duration or before completion of loan
3. Advance amount will be paid only Cheque
4. Duration period will be minimum of 6 months and will be decided by MD / Director
5. Monthly Recovery Amount / Period will be decided by HOD
6. Incase of Termination from the services, Loan amount should settled fully or will be deducted from the salary.

Purpose for Advance in Detail: