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

STAFF TURNOVER AS ON:_____

NAME OF ORGANISATION: M/s._____

POLICY NO. OIG_____

ADDRESS:_____

REVISION OF SUM ASSURED

SL. NO:	NAME OF EMPLOYEE:	DATE OF BIRTH:	Old Salary/ Sum Assured	New Salary/ Sum Assured	SEX:	Effective Date