

OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner information (to be filled in by the pensioner)

PPO No.	
SAP Personnel No.	
Accounts Office (From where PPO originally issued)	
Name of Pensioner	
Father/Husband Name	
Family Pensioner Name	
Spouse/Father/Mother Name	
Pensioner NIC Old #	
Pensioner CNIC #	
Family Pensioner CNIC #	
Residential Address (Current)	
Residential Address (Permanent)	
Designation & Grade at the time of Retirement	
Ministry/Division/Deptt./Office	
Present NBP Address & Code No.	
Mobile No.	
I hereby opt to draw pension through direct credit system and have also submitted Indemnity Bond* to the bank.	
*The pensioner shall produce an Indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension Account. The pensioner would further undertake that his/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her Pension Account either in full or in installments (as agreed mutually) equal to such excess amount.	
Pensioner's Signature/Thumb Impression	
Dated	

Account Verification (To be verified by the Bank)	
Account Title (Name)	
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond submitted by the Pensioner	

Signature/Stamp of Bank Manager

To be issued by Accounts Office

Acknowledgement Receipt No. _____

Signature of Officer _____

Date _____

INDEMNITY BOND

To

The Manager,

_____ (Name of Bank)

_____ (Branch)

_____ (City)

In compliance with the SBP's instructions for payment of pension through your Bank branch I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/

Signature _____

Next of Kin: _____

Name of Pensioner _____

CNIC: _____

Date of Retirement: _____

Address: _____

PPO No: _____

Signature: _____

Bank Account No: _____

CNIC: _____

Witness -I

Witness-2

CNIC: _____

CNIC: _____

Signature: _____

Signature: _____

Date: _____

Date: _____