

OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner Information (To be filled in by the Pensioner)

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| 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. | |
| I hereby opt to draw pension through direct credit system and have also submitted *Indemnity Bond/Lien for six months to the bank. | |
| <small>*The Pensioner shall produce an Indemnity Bond for aggregate amount equivalent to six months pension, jointly with the person who is the account holder of the branch and acceptable to the bank, duly supported by a lien or deposit of securities of indemnity bond's amount. "Provided that a pensioner may not execute indemnity bond if he or she authorizes the Bank to mark lien on his/ her account to the extent of six months pension, as is required from the co-indemnifier."</small> | |
| Pensioner's Signature/Thumb Impression | |
| Dated | |

Account Verification (To be verified by the Bank)

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| Account Title (Name) | |
| Account No. | |
| Branch Name/Address | |
| Branch Code | |
| Indemnity Bond/Lien submitted by the Pensioner | |

Signature/Stamp of Bank Manager

To be issued by Accounts Office

Acknowledgement Receipt No. _____

Signature of Officer _____

Date _____