

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)	
<b>Name of Pensioner</b>	
Father/Husband Name	
<b>Family Pensioner Name</b>	
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.	
* 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".	
Pensioner's Signature/Thump Impression Dated	

Account Verification (To be verified by the Bank)

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

Acknowledgment 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/we agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I/we further undertake that my/our legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my/our Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/ Next of Kin: _____ CNIC: _____ Address: _____ Signature: _____	Signature: _____ Name of Pensioner: _____ Date of Retirement: _____ PPO No: _____ Bank Account No: _____ CNIC: _____
Witness-1	Witness-2
CNIC: _____ Signature: _____ Date: _____	CNIC: _____ Signature: _____ Date: _____

**LIFE CERTIFICATE**  
**TO WHOM IT MAY CONCERN**

This is to certify that \_\_\_\_\_ S/O

\_\_\_\_\_ holder of PPO No. \_\_\_\_\_

CNIC No. \_\_\_\_\_ whose specimen signature/thumb

impression and address are appended below is alive to date \_\_\_\_\_

\_\_\_\_\_

**(Pensioner Signature/Thumb impression)**

Address \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**(Signature of attesting officer)**

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone No.**

**(Official Stamp of attesting officer)**

**NON-MARRIAGE CERTIFICATE**  
**TO WHOM IT MAY CONCERN**

This is to certify that \_\_\_\_\_ W/O  
\_\_\_\_\_ holder of PPO No. \_\_\_\_\_

NIC No. \_\_\_\_\_ whose specimen signature/thumb  
impression and address are appended below has not remarried after the death of her husband to date  
\_\_\_\_\_

**(Pensioner Signature/Thumb impression)**

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_  
(City/Area Code)

**(Signature of attesting officer)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**(Official Stamp of attesting officer)**

Phone No.: \_\_\_\_\_