OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner informati	1011 (10 06 1	ined in by the i	i clisioner)
PPO No.		1	
SAP Personnel No.			
Accounts Office (From where PPO originally	y 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 d Bond/Lien for six months to the bank.	irect credit	system and hav	ve also submitted *Indemnity
*The Pensioner shall produce an Indemnity Bond for agg is the account holder of the branch and acceptable to the amount. "Provided that a pensioner may not execute indemnity bor six months pension, as is required from the co-indemnified Pensioner's Signature/Thumb Impression.	bank, duly supp and if he or she au r."	orted by a lien or dep	osit of securities of indemnity bond's
Dated			
Account Verifi	ication (To	be verified by t	he Bank)
Account Title (Name)			
Account No.			
Branch Name/Address			
Branch Code			
Indemnity Bond/Lien submitted by the Pensioner			Signature/Stamp of Bank Manager
<u>To be</u>	issued by	Accounts Offic	<u>e</u>
Acknowledgement Receipt No		Signature of	f Officer
Date			1