

# 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	
Bank Branch Name	
Bank Branch Code No.	
<p style="color: red;"><b>I hereby opt to draw pension through direct credit system and have also submitted Indemnity Bond* to the bank.</b></p> <p><small>*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.</small></p>	
<b>Pensioner's Signature</b>	<b>Thumb Impression</b>

Dated: \_\_\_\_\_

Account Verification (To be verified by the Bank)	
Account Title (Name)	
Account No.	
Branch Name	
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 Name)

\_\_\_\_\_ (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.

Pensioner

Co-Indemnifier/Nominee/Successor/

Signature \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Pensioner \_\_\_\_\_

Name Next of Kin: \_\_\_\_\_

CNIC: \_\_\_\_\_

CNIC \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Address \_\_\_\_\_

PPO No: \_\_\_\_\_

Bank Account No: \_\_\_\_\_

**Witness -I**

**Witness-2**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

CNIC: \_\_\_\_\_

CNIC: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_