

PAKISTAN SCIENCE FOUNDATION
(Budget & Pension Section)
ISLAMABAD

OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner Information (To be filled in by the Pensioner)

| | |
|--|--|
| PPO No. | |
| Organization (PSF/PMNH/PASTIC) | |
| NAME OF PENSIONER | |
| Father / Husband Name | |
| Pensioner old NIC No. | |
| Pensioner CNIC (NADRA) | |
| FAMILY PENSIONER NAME | |
| Spouse/Son/Daughter/Father/Mother (select one) | |
| Family Pensioner CNIC (NADRA) | |
| Residential Address (Current) | |
| Residential Address (Permanent) | |
| Designation & Grade at the time of Retirement | |
| Email Address | |
| CONTACT NUMBER (COMPULSORY) | |
| 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 on judicial paper of Rs.20 irrespective of Monthly Pension Drawn 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, successor, 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)
CUTTING/OVERWRITING/FLUID/JOINT ACCOUNT NOT ACCEPTABLE
BELOW MENTIONED PORTION MAY PLEASE BE FILLED COMPLETELY BY BANK)

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

Signature/Stamp of Bank Manager

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/

Next of Kin: _____

CNIC: _____

Address: _____

Signature: _____

Signature _____

Name of Pensioner _____

Date of Retirement: _____

PPO No: _____

Bank Account No: _____

CNIC: _____

Witness-1

Signature: _____

CNIC: _____

Date: _____

Witness-2

Signature: _____

CNIC: _____

Date: _____

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LIFE CERTIFICATE

(This certificate is to be furnished on or before 10th of January, April, July and October of each year to the concerned bank in person or through representative or by post/courier service)

TO WHOM IT MAY CONCERN

This is to certify that Dr./Mr./Mst./_____

S/o/W/o/D/o_____ holder of PPO No. _____

(PSF/PMNH/PASTIC) his/her CNIC No. _____ and his/her

bank account No. _____, whose specimen Signature/

Thumb Impression and address are appended below is alive on the date _____

| Pensioner's Specimen Signature/Thumb Impression | Signature of Authorized Officer with official stamped/seal. |
|--|--|
| Address:- _____ _____ _____ | Address:- _____ _____ _____ |
| Phone No. _____ | Phone No. _____ |

Note:- The above certificate is to be signed by Gazetted Government Officer/Military Commissioned Officer/Magistrate/Sub-Registrar /Pensioned Officer/Chairman Union Councils/Member of the Federal or Provincial Assemblies/Manager of Banks

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NON-MARRIAGE CERTIFICATE

(This certificate is to be furnished on or before 10th of January, April, July and October of each year to the concerned bank in person or through representative or by post/courier service)

TO WHOM IT MAY CONCERN

This is to certify that Dr./Mst./Miss. _____

W/o/D/o _____ holder of PPO No. _____

(PSF/PMNH/PASTIC) his/her CNIC No. _____ and his/her

bank A/c No. _____ whose specimen Signature/

Thumb Impression and address are appended below has not re-married after the death of her

husband/has not married today _____.

| Pensioner's Specimen Signature/Thumb Impression | Signature of Authorized Officer with official stamped/seal. |
|--|--|
| Address:- _____ _____ _____ | Address:- _____ _____ _____ |
| Phone No. _____ | Phone No. _____ |

Note:- The above certificate is to be signed by Gazetted Government Officer/Military Commissioned Officer/Magistrate/Sub-Registrar /Pensioned Officer/Chairman Union Councils/Member of the Federal or Provincial Assemblies/Manager of Banks