

# OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

## Pensioner information (to be filled by the pensioner)

PPO No.	
SAP Personnel No.	
Account 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. '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 "provided that a pensioner may not execute indemnity bond if he or she authorizes the Dank to mark lien on his/her account to the extent of six months pension, as is required from the co-indemnifier."	
Pensioner's Signature/Thumb 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 \_\_\_\_\_

**Part - III** To be issued by Accounts Office (i.e CAN Karachi the Pension Disbursing Authority)

Acknowledgement Receipt No: NA/PPS/O/P \_\_\_\_\_ :

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

Signature & Stamp of Accounts Officer

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

This is to certify that P NO \_\_\_\_\_ Name \_\_\_\_\_  
**Rank** \_\_\_\_\_ **holder No of CNIC-** \_\_\_\_\_

Whose specimen signature/thumb impression and address are appended below  
is alive on \_\_\_\_\_ day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(Pensioner Signature)  
Signature)

(Pensioner Signature)

(Pensioner

Pensioner's Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Cell No \_\_\_\_\_

**ATTESTED**

This certificate is to be signed by Class-1 Gazetted Officer/Military Commissioned Officer or as authorized under FTR-343

(Signature Of attesting officer)

Name \_\_\_\_\_

Address \_\_\_\_\_

Official Stamp of attesting officer

Phone No \_\_\_\_\_

**Cell No** \_\_\_\_\_

**This Certificate**

1. Is to be signed by Class-1 Gazetted Officer/ Military Commissioned Officer or as authorized under FTR-343
2. Is to be signed concerned bank & the CAN Karachi on/before 10th March & 10th September, every year.

**The Manager**

\_\_\_\_\_ **Bank**  
\_\_\_\_\_ **Branch**  
**Karachi**

In compliance with the SBP'S instructions for payment of pension through your Bank branch. I agree to indemnity 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 the excess amount if any credited to my pension account either in full or in installment equal to such excess amount.

Co-indemnifier/Nominee/Successor

Signature/Thumb Impresion \_\_\_\_\_

Next of kin \_\_\_\_\_

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

CNIC No: \_\_\_\_\_

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

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

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

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

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

CNIC No: \_\_\_\_\_

**Witness – 1**

**Witness – 2**

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

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

CNIC No : \_\_\_\_\_

CNIC No: \_\_\_\_\_

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

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

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

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

**ATTESTED**

**Notary Public**

## UNDERTAKING

I P.No. \_\_\_\_\_ S/o \_\_\_\_\_  
Is ex -employee of \_\_\_\_\_ and was retired on \_\_\_\_\_  
Now I am receiving my pension vide PPO. Number \_\_\_\_\_  
from \_\_\_\_\_.

2. That I am claiming increases in pension in the light of the order passed by Federal Service Tribunal / High Court dated \_\_\_\_\_ in appeal/petition No. \_\_\_\_\_ Now Ministry of Finance vide O.M. No 13(13)- Reg.6/2011 dated \_\_\_\_\_ intends to release the payment in my favour.

3. I am giving this undertaking in favour of \_\_\_\_\_ with my free consent and without any undue coercion that if the decision of Federal Service Tribunal/High Court/Supreme Court regarding the grant of increases in \_\_\_\_\_ pension \_\_\_\_\_ from the date of restoration of commuted pension @ \_\_\_\_\_ at which I was drawing 50% remaining pension, and the arrears thereof, is set a side by any competent court of law, I am bound by this undertaking that I will refund entire amount which would have been received by me in accordance with Finance Division's O.M. referred to above.

4. Furthermore , I would not raise any objection in this regard.

EXECUTANT

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

NAME: \_\_\_\_\_

PPO Number: \_\_\_\_\_

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