## OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner information (to be filled in by the pensioner)

| r en  | isionei illioiman  | on (to be fined in by the  | pensioner)   |
|---|--|--|--|
| PPO No.   |  |  |  |
| SAP Personnel No.   |  |  |  |
| Accounts Office<br>(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 pens<br>Bond* to the bank.   | ion through dir  | ect credit system and h  | ave also submitted Indemnity   |
| whatsoever including mark-up of<br>successors, executors shall be lial<br>installments (as agreed mutually) | his/her Pension Accorde to refund excess equal to such exces | count. The pensioner would fu<br>amount, if any, credited to his | out liabilities with all sums of money<br>rther undertake that his/her legal heirs,<br>/her Pension Account either in full or in |
| Pensioner's Signature/Thur  | mb Impression  |  |  |
| Dated   |  |  |  |
| Account Verificati  | ion (To be verifi  | ed by the Bank)  |  |
| Account Title (Name)  |  |  |  |
| Account No.   |  |  |  |
| Branch Name/Address   |  |  |  |
| Branch Code   |  |  |  |
| Indemnity Bond submitted by the Pensioner   |  | r  | Signature/Stamp of Bank Manage   |
|   | To be iss  | sued by Accounts Office  | <u>.</u>   |
| Acknowledgement Receipt   | No   | Sig  | gnature of Officer   |
| Date  |  |  |  |