



# PAKISTAN TELECOMMUNICATION EMPLOYEES TRUST

Director Pension, PT&T Building, Mauj-e-Darya Road, Lahore

Ph: 042-37243456 Fax: 042-37322080

## APPLICATION FORM

### FOR DIRECT PAYMENT OF PENSION THROUGH SPECIFIED BANK ACCOUNT

(To be filled in by the Pensioner)

PPO No.	
Name of Pensioner	
<b>Father / Husband Name</b>	
Residential Address (Current)	
Residential Address (Permanent)	
Telephone No.	
Cell No.	
<b>Email (if any)</b>	
<b>Proposed Bank / Branch</b>	
I hereby opt to draw pension through below mentioned Bank account and also submit an *Indemnity Bond / Lien to the bank. I also provide ACCOUNT VERIFICATION FORM verified by the Branch Manager as per SOP issued by The State Bank of Pakistan.	
<small>*"The pensioner shall produce an indemnity Bond on judicial paper of Rs.20 (Twenty) 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, successors, executors shall be liable to refund excess amount if any, credit to his / her pension account either in full or in installments( as agreed mutually) equal to such excess amount"</small>	
(Please also provide copy of CNIC)	
<b>Dated:</b> _____	<b>Pensioner's Signature / Thumb Impression</b>

### **Account Verification Form (to be submitted to Director Pension)**

(To be verified by the Bank / Branch Manager as per requirement of The State bank of Pakistan (vide Circular # 25 dated 4th Nov. 2010))

Account Title (Name)	
Account No. (Only for Pension not being a Joint Account)	
Bank Name / Branch	
Bank Address	
Branch Code	
Indemnity Bond / Lien submitted by the Pensioner	

Bank / Branch Manager

Signature

Stamp:

Dated:

### **Acknowledgement to be issued by Pension Directorate Lahore**

Acknowledgement Receipt No. \_\_\_\_\_ Signature of Officer \_\_\_\_\_

Date \_\_\_\_\_

**INDEMINITY BOND**

To,

The Manager,

\_\_\_\_\_ (Name of Bank)

\_\_\_\_\_ (Branch)

\_\_\_\_\_ (City)

In compliance with the SBP’s instruction for payment of pension through your Bank branch I / we agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I / we further undertake that my / our legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my / our Pension Account either in full or in installment equal to such excess amount.

Co-Indemnifier / Nominee / Successor      Signature: \_\_\_\_\_

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

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

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

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

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

Witness-I

Witness-II

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

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

Contact No: \_\_\_\_\_      Contact No: \_\_\_\_\_

Signature \_\_\_\_\_      Signature \_\_\_\_\_

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