



PAKISTAN TELECOMMUNICATION EMPLOYEES TRUST

Tele-House, Mauve Area, G-10/4, Kashmir Highway, Islamabad 44000, Pakistan. ☎ +92-51-2355599, 051- 111999333

APPLICATION FORM

FOR DIRECT PAYMENT OF PENSION THROUGH SPECIFIED BANK ACCOUNT

(To be filled in by the Pensioner)

PPO No.	
Name of Pensioner	
Father / Husband Name	
Residential Address (Current)	
Residential Address (Permanent)	
Telephone No.	
Cell No.	
Email (if any)	
Proposed Bank / Branch	
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.	
<i>* "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"</i>	
(Please also provide copy of CNIC)	
Dated: _____	Pensioner's Signature / Thumb Impression

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:

INDEMNITY 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: _____

RF No. / PPO No. : _____

Bank Account No. : _____

Signature: _____

CNIC: _____

WITNESS-I

WITNESS-II

NAME: _____

NAME: _____

CNIC: _____

CNIC: _____

Contact No.: _____

Contact No.: _____

Signature: _____

Signature: _____

Date: _____

Date: _____