

**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)	
<b>NAME OF PENSIONER</b>	
Father / Husband Name	
Pensioner old NIC No.	
Pensioner CNIC (NADRA)	
<b>FAMILY PENSIONER NAME</b>	
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	
<b>CONTACT NUMBER (COMPULSORY)</b>	
<b>I hereby opt to draw pension through direct credit system and have also submitted *Indemnity Bond to the bank.</b>	
<small>*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.</small>	
<b>Pensioner's Signature/Thumb Impression</b> 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: \_\_\_\_\_

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

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

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

**Witness-2**

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

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

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

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

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**LIFE CERTIFICATE**

(This certificate is to be furnished on or before 10<sup>th</sup> of January, April, July and October of each year to the PSF Pension Section duly countersigned of concerned bank branch 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. \_\_\_\_\_

Designation & BPS \_\_\_\_\_ (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 \_\_\_\_\_.

<b>Pensioner's Specimen Signature/Thumb Impression</b>	<b>Signature of Authorized Officer with official stamped/seal.</b>
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 10<sup>th</sup> of January, April, July and October of each year to the PSF Pension Section duly countersigned of concerned bank branch 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. \_\_\_\_\_

Designation & BPS: \_\_\_\_\_ (PSF/PMNH/PASTIC)

his/her CNIC No. \_\_\_\_\_ and his/her bank Account

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 \_\_\_\_\_.

<b>Pensioner's Specimen Signature/Thumb Impression</b>	<b>Signature of Authorized Officer with official stamped/seal.</b>
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**