

INDEMNITY BOND

(On Rs. 30 Stamp Paper)

To

The Manager,

_____ (Name of Bank)

_____ (Branch Name)

_____ (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.

Pensioner

Signature _____

Name of Pensioner _____

CNIC: _____

Date of Retirement: _____

PPO No: _____

Bank Account No: _____

Co-Indemnifier/Nominee/Successor/

Signature: _____

Name Next of Kin: _____

CNIC _____

Address _____

Witness -I

Signature: _____

Name: _____

CNIC: _____

Date: _____

Witness-2

Signature: _____

Name: _____

CNIC: _____

Date: _____