

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/

Signature_____

Next of Kin:_____

Name of Pensioner_____

CNIC: _____

Date of Retirement:_____

Address:_____

PPO No:_____

Signature: _____

Bank Account No:_____

CNIC:_____

Witness -I

Witness-2

CNIC:_____

CNIC:_____

Signature:_____

Signature:_____

Date:_____

Date:_____