**CHECK LIST FOR TRANSFER IN FAMILY PENSION**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **PENSION PAPERS / DOCUMENTS**  | **COPIES** | **REMARKS** |
| 1. | Application of Applicant (Duly verified / forwarded by the department concerned of the deceased pensioner) | 1 Copy |  |
| 2. | Photocopies of CNICs both Deceased Government Servant and Widow etc. (Attested) | 3 Copies |  |
| 3. | Photograph (Attested from back side) | 3 Photographs |  |
| 4. | List of family members (Attested) B-17 and above. | 3 Copies |  |
| 5. | Death Certificate NADRA (Attested) B-17 and above. | 3 Copies |  |
| 6. | Specimen Signature (Attested) B-17 and above. | 3 Copies |  |
| 7. | Right Hand and Fingers Impression and descriptive Roll | 3 Copies |  |
| 8. | Non-Separation Certificate (Attested) B-17 and above. | 3 Copies |  |
| 9. | Certificate of No Re-marriage after death only widow (Attested) B-17 and above.  | 3 Copies |  |
| 10. | Declaration of Account No. & Bank (Attested) B-17 and above. | 3 Copies |  |
| 11. | Original Pension Book of deceased / Pension Payment Slip (Attested) B-17 and above. | Complete Set |  |
| 12. | No Marriage Certificate from Union Council / Town Administration / DCO (in case of daughter of deceased) | Original |  |
| 13. | Heirship Certificate from Deputy District Officer (Revenue) City District Govt. / Town Administration  | 3 Copies |  |
| 14. | Family Registration Certificate (FRC) from NADRA(Attested) B-17 and above. | 3 Copies |  |
| 15. | Option Form (in case intend draw pension from any schedule bank through Direct Credit System (DCS) | Original |  |
| 16. | Indemnity Bond on Stamp paper of Rs. 100/- in case Direct Credit System (DCS) | 1 Copy duly attested concerned bank branch  |  |

**SPECIMEN SIGNATURE OF MST. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **WD/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**RIGHT HAND THUMB AND FINGER IMPRESSION OF**

**MST. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thumb** | **Fore Finger** | **Middle Finger** | **Ring Finger** | **Little Finger** |
|  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**DECLARATION OF ONLY WIDOW AND NON-REMARRIAGE CERTIFICATE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Widow of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Late)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BPS- ), O/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I am the only wife / widow of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and I was always residing with him and was solely dependent on him was never judicially separated from him and that I have no intention to re-marry.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**LIST OF FAMILY MEMBERS OF LATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BPS- )**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Relationship** | **Date of Birth** | **Age** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**DECLARATION OF PERMANENT / POSTAL ADDRESS**

**BANK BRANCH**

1. Name of Applicant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. Husband’ Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Present Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. Permanent Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. Bank Name / Branch /

 Address / Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**DESCRIPTIVE ROLL**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Husband’s Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cast **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Height **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Color **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Marks of Identification **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Religion **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nationality **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Residential Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Designation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C. N.I.C. No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specimen Signature 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**FINGER IMPRESSIONS:**

 **RIGHT HAND LEFT HAND**

THUMB

FORE FINGER

MIDDLE FINGER

RING FINGER

LITTLE FINGER

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTESTED**

**MST.**

**WD/O**

**DESIGNATION**

**DCS FORM**

 **FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT**

Pensioner information (To be filled in by the Pensioner)

|  |  |
| --- | --- |
| PPO NO/DCS NO. |  |
| **SAP Personal No. (AS PER PAY SLIP )** |  |
| Account office (From where PPO originally issued) |  |
| **NAME OF PENSIONER** |  |
| Father / Husband Name |  |
| Pensioner old NIC No. |  |
| Pensioner CNIC (NADRA) |  |
| **FAMILY PENSIONER NAME** |  |
| Spouse/Son/Daughter/Father/Mother (select one) |  |
| Family Pensioner CNIC (NADRA) |  |
| Residential address (Current) |  |
| Residential address (Permanent) |  |
| Designation & Grade at the time of Retirement |  |
| Ministry / Division / Deptt. / Office |  |
| **E MAIL ADDRESS ( G-MAIL ONLY )** |  |
| **CONTACT NUMBER (COMPULSORY)** |  |
| I hereby opt to draw pension through direct credit scheme and have also submitted \*indemnity bond to the bank.\*The Pensioner shall produce an indemnity Bond 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 credited to his/her pension account either in full or in installments(as agreed mutually) equal to such excess amount. |
| **Pensioner`s Signature / Thumb Impression** **Dated:** |  |

**ACCOUNT VERIFICATION (TO BE VERIFIED BY THE BANK)**

**CUTTING / OVERWRITING / FLUID / JOINT ACCOUNT NOT ACCEPTABLE**

**BELOW MENTIONED PORTION MAY PLEASE BE FILLED COMPLETELY.**

|  |  |
| --- | --- |
| Account Title (Name) |  |
| Account No. |  |
| Bank Name  |  |
| Branch Address  |  |
| Branch Code |  |
| Indemnity Bond / Lien submitted by the pensioner |

 **SIGNATURE / STAMP OF BANK MANAGER**

**(Indemnity bond on stamp paper duly verified by notary public/oath commissioner)**

**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Witness – 1 Witness -2

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

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

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

**LIFE CERTIFICATE**

**TO WHOM IT MAY CONCERN**

This is to certify that **Mst. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Wd/o **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Late)** Ex-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BPS- ) O/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, holder of P.P.O. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.N.I.C. No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** whose specimen signature/thumb impression and address are appended below is alive todate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Signature of attesting Officer**

**& Seal**

**NON MARRIAGE CERTIFICATE**

This is to certify that I, **Mst. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Wd/o **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Late)**, Ex-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(BPS- ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have not re-married after the expiry of my husband on **\_\_\_\_\_\_\_\_\_\_\_\_\_**and that I am the only widow of my husband Late \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Signature of attesting Officer**

**& Seal**

**NOTE: THIS CERTIFICATE IS TO BE SIGNED BY CLASS-I GAZZETED OFFICER/MILITARY COMMISSIONED OFFICER OR AS AUTHORIZED UNDER FTR-343**