

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

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

**Witness – 1**

**Witness – 2**

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

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

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

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

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

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