

INDEMINITY BOND

To,

The Manager,

_____ (Name of Bank)

_____ (Branch)

_____ (City)

In compliance with the SBP's instruction 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 installment 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-II

CNIC: _____

CNIC: _____

Signature _____

Signature _____

Date: _____

Date: _____