The Chief Manager			Date:				
State Bank of Pakistan							
	Services Corporatio	n					
	Office						
	<u>LE</u>	TTER OF AU	JTHORIZA	<u>ATION</u>			
Dear Sir,							
It is	requested that I/v						wish to
	mium Prize Bonds (
_	her documents are a			a below,	duly lille	и аррпс	acion ioini
[20100010000100001000010000					. (2)		
S No.	Denomination	Pieces		Va	lue (Rs.)		
	Total						
I							<u>-</u>
However, sin	ce I/we cannot visit	SBP BSC off	ice in pers	on due to)		
. It is therefo	ore requested to pl	ease allow	Mr./Ms				to
collect aforementioned number of Premium Prize Bonds (Registered) on my/our behalf.							
The specimen signatures of Mr./Ms are							
appended bel	ow.						
			1				
			_				
Signature of Authorized Person							
Name							
CNIC*							
Signa	ture of Applicant - 1			Signatu	re of App	licant - 2	
	ture of Applicant - 1		Name	Signatu	re of App	licant - 2	
Name	ture of Applicant - 1		Name	Signatu	re of App	licant - 2	
	ture of Applicant - 1	EOD OFFIC	CNIC*		re of App	licant - 2	
Name CNIC*	ture of Applicant - 1	FOR OFFIC	CNIC* E USE ON	LY	re of App	licant - 2	
Name	ture of Applicant - 1	FOR OFFIC	CNIC*	LY	re of App	licant - 2	
Name CNIC*	ture of Applicant - 1	FOR OFFIC	CNIC* E USE ON	LY	re of App	licant - 2	
Name CNIC*	ture of Applicant - 1	FOR OFFIC	CNIC* E USE ON	LY	re of App	licant - 2	
Name CNIC*		FOR OFFIC	CNIC* E USE ON	LY d by:	re of App	licant - 2	

TERMS AND CONDITIONS

- 1. I/we hereby indemnify the SBP BSC and its employees against any loss / damages or whatsoever nature arising due to issuance of this letter of authorization to my/our representative.
- 2. A legible valid copy of CNIC of authorized person must be submitted with this letter of authorization. Further, the specimen signatures of the authorized person should be as per CNIC.
- 3. The SBP BSC offices have the right to reject the request for authorizing a person to collection Premium Prize Bonds (Registered) on my/our behalf due to any discrepancies of any nature whatsoever found in the application form or this letter of authorization.
- 4. The information as provided in this letter of authorization is complete and true. Concealment of facts can result in rejection of request by concerned SBP BSC office.
- 5. I/we have read & understood the aforementioned terms and conditions and agree to abide by them in letter and spirit.

Signature of Applicant - 1	Signature of Applicant - 2		
Name	Name		
CNIC*	CNIC*		
Signature of Authorized Person			
Name			
CNIC*			