

EWT MEMBERSHIP FORM FOR SERVING PERMANENT EMPLOYEES
(OG-5 & ABOVE) UNDER TEMPORARY RELAXATION SCHEME

The Secretary,
SBP Employees Welfare Trust,
SBP Main Building,
I.I.Chundrigar Road,
Karachi.

OPTION FORM FOR MEMBERSHIP

Dear Sir,

I, _____ s/d/w/o _____
resident of _____

holding CNIC No. _____, the employee of SBP/ SBP BSC/ NIBAF
hereby declare as under:

I opt for membership of the Trust

I agree to abide by the rules and regulations of the Trust as may be enforced from time to time. I also authorize the Director Finance Department SBP/Secretary, SBP Employees Welfare Trust to deduct one-time joining fee of **Rs. 20,000/-** from my salary, and also authorize to deduct 0.5% of monetized salary or Rs. 3,000, whichever is less, as a monthly contribution from my salary every month.

I sign this option form with my free consent.

(1) Witness:

Signature: _____
Name: _____
PIN/ Index No. _____
Designation _____
SBP/ Subsidiary: _____

Signature: _____
Name of Employee: _____
Designation: _____
PIN/ Index No. _____
Date of Appointment _____
Date of Retirement _____
Present Address: _____

(2) Witness:

Signature _____
Name: _____
PIN/ Index No. _____
Designation: _____
SBP/ Subsidiary: _____

E-mail Address: _____
Phone/ Cell No. _____

Date: _____