

**STATE BANK OF PAKISTAN**  
**SBP EMPLOYEES WELFARE TRUST**

**MEMBERSHIP FORM FOR RETIRED EMPLOYEES &  
DEPENDENT OF DECEASED EMPLOYEES**

I, \_\_\_\_\_ S/D/W/O \_\_\_\_\_ resident of \_\_\_\_\_ holding of CNIC No. \_\_\_\_\_ the ex-employee (Designation of ex-employee) \_\_\_\_\_ retired from the service on \_\_\_\_\_ from SBP / SBP BSC / NIBAF hereby declare that 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 being governed by the Pension Rules do hereby authorize the Chief Manager, SBP-BSC \_\_\_\_\_ to deduct from monthly pension and or Benevolent Fund a sum of Rs.100/- (Rupees one hundred only) as one time entry Fee and monthly contribution of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) from the month of \_\_\_\_\_ and onward equal to 0.2% of gross pension calculated on the basis of last drawn salary.

**OR**

- I being not governed by the Pension Rules make payment in Cash/ Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs.100/- (Rupees one hundred only) as one time Entry Fee and Membership Fee Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) from the month of \_\_\_\_\_ equal to 0.2% of gross pension calculated on the basis of last drawn salary on the assumption that I retired subject to Pension Rules of the SBP/ SBP-BSC.
- I also undertake to make my contribution toward membership fee each month through cash/ cheque or pay order by the 10<sup>th</sup> day of every month regularly OR paid in advance.

\*(Note: Cancel whichever is not applicable)

<b>(1) Witness:</b>		Signature:	
Signature:		Name of Employee	
Name:		Designation/ Grade:	
PIN/ Index No.:		PIN/ Index No.	
Designation:		Date of Appointment	
Dept./Office:		Date of Retirement/Death	
<b>(2) Witness:</b>		Present Address:	
Signature:			
Name:		E-mail Address:	
PIN/ Index No.:		Phone/ Cell No.	
Designation:		Date:	
Deptt./Office:			

For EWT use	Membership Approval Date:
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