STATE BANK OF PAKISTAN SBP EMPLOYEES WELFARE TRUST

MEMBERSHIP FORM FOR RETIRED EMPLOYEES & DEPENDENT OF DECEASED EMPLOYEES

holding of CNIe	Ι,	S/D/W/O r	esident o
retired from the service on		holding	of CNIC
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 deduct from monthly pension and or Benevolent Fund a sum of Rs.100/- (Rupees one hundred only) as on time entry. Fee and monthly contribution of Rs. (Rupee 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. date for Rs.100/- (Rupees one hundred only) as one time Entry Fee and Membership Fe Rs. (Rupees 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 particle of the Cheque which ever is not applicable) I also undertake to make my contribution toward membership fee each month through cash/ cheque or particle of the Cheque which ever is not applicable) I Witness: Signature: Designation: Designation: Date of Retirement/Death Present Address: Phyl Index No. Phone/ Cell No. Pesignation: Date: Deptt./Office: Date: Deptt./Office: Date: Deptt./Office: Date: Deptt./Office: Date: Deptt./Office:			
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I also undertake to make my contribution toward membership fee each month through cash/ cheque or particularly of the 10th day of every month regularly OR paid in advance. *(Note: Cancel whichever is not applicable) (I) Witness: Signature: Name of Employee Name: PIN/ Index No.: Designation: Date of Appointment Dept./Office: Date of Retirement/Death Present Address: Signature: Name: E-mail Address: PIN/ Index No.: Designation: Date: Deptt./Office: Date: Date:		equal to 0.2% of gross pension calculated on the basis of last drawn sa	alary on th
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Name: E-mail Address: PIN/ Index No.: Phone/ Cell No. Designation: Date:	(2) Witness:	Present Address:	
PIN/ Index No.: Designation: Deptt./Office: Date:	Signature:		
Designation: Deptt./Office: Date:	Name:	E-mail Address:	
Deptt./Office:	PIN/ Index No.:	Phone/ Cell No.	
	Designation:	Date:	
For EWT use Membership Approval Date:	Deptt./Office:		
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