

STATE BANK OF PAKISTAN
SBP EMPLOYEES WELFARE TRUST

MEMBERSHIP FORM FOR SERVING EMPLOYEES

I, _____ S/D/W/O _____
resident of _____ holding
of CNIC No. _____ the employee of SBP / SBP BSC / NIBAF hereby declare
that opt to become member 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 Secretary Trust, Director, HRD, SBP/ Accounts Department, HOK/Chief Manager, SBP-BSC _____ to deduct membership fee of Rs.100/- from my salary and authorize to deduct 0.5% of the monetized salary or Rs. 3000/- whichever is less every month from my monthly salary. Further, I also authorize to deduct arrears from my salary as monthly contribution from the date of establishment of the Trust or date of joining SBP/SBP subsidiaries whichever is later.

I sign this membership form with my free consent.

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