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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pension No |  |  | | | | | | | | | | | | | | |
| Employee (retired/ deceased) | Name |  | | | | | | | | | | | | | | |
| Father’s Name |  | | | | | | | | | | | | | | |
| CNIC No. (Attach copy) |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| Beneficiary | Name |  | | | | | | | | | | | | | | |
| Father’s Name |  | | | | | | | | | | | | | | |
| Relation with employee |  | | | | | | | | | | | | | | |
| CNIC No. (Attach copy) |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| Address (present) |  | | | | | | | | | | | | | | |
| Address (permanent) |  | | | | | | | | | | | | | | |
| Contact No. |  | | | | | | | | | | | | | | |
| Next of Kin | Name |  | | | | | | | | | | | | | | |
| Father’s Name |  | | | | | | | | | | | | | | |
| CNIC NO. |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| Contact No. |  | | | | | | | | | | | | | | |
| Relation with Beneficiary |  | | | | | | | | | | | | | | |

UNDERTAKING

I hereby undertake that

1. In case of change in address and contact No., I shall inform the Pension Section.
2. I shall furnish the Life/Non-Marriage/Re-Marriage Certificate on or before 10th December and 10th June of each year to the Pension Section.

Signature or Thumb Impression