

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

OPTION FORM FOR MEMBERSHIP

I, _____ s/d/w/o _____
resident of _____ holding of
CNIC No. _____ the employee of SBP/ SBP BSC/ NIBAF/ Retired
employee /legal heir/s of retired/deceased employee hereby declare as under:

I opt for membership of the Trust

OR

I do not 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 from my monthly salary / pension or through payment in cash/cheque/pay order or draft membership fee of Rs.100/- and a deduction @ 0.5% of monetized salary or Rs. 3,000 whichever is less every month from my salary.

I sign this option form with my free consent.

Yours faithfully,

Witness:

1. Signature:

Name:

2. Signature

Name:

Signature:

Name:

Designation:

Department/Unit

Office: SBP/SBP BSC/NIBAF

PIN/Index No.

Address:

Phone/Cell #

Note: *strike out which is not applicable under full signature.*

STATE BANK OF PAKISTAN EMPLOYEES WELFARE

TRUST
MEMBERSHIP FORM

I, _____ S/D/W/of _____ a
serving/ex employee _____ of _____
(Designation) (Bank/Subsidiary name)

retired from service on _____ (in case of retired) do hereby opt to become member of the State Bank of Pakistan Employees Welfare Trust and agree to be governed by the Rules & Regulations of the Trust as may be in force from time to time. Following are my family members and dependants: -

| Name | Relationship | Date of Birth | Age | Marital Status | Occupation (Salary/Office) |
|------|--------------|---------------|-----|----------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

* I being governed by the Pension Rules do hereby authorize the _____ to deduct from monthly pension and or Benevolent Fund a sum of Rs.100/- (Rupees One Hundred only) as one time Entry Fee and Membership Fee of Rs. _____ (Rupees _____ only) for the month of _____ 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) for 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 _____.

(Bank / Subsidiary name)

I also undertake to make my contribution toward membership fee each month through cash/cheque or pay order by the 10th day of every month regularly.

* (Note: Cancel whichever is not applicable)

Witness:

Signature:

Name:

Designation: _____

SBP/Subsidiary: _____

Witness:

Signature:

Name:

Designation: _____

SBP/Subsidiary: _____

Signature:

Name of
employee/Ex

Employee

Designation:

PIN/Index No.

Date of appointment

Date of retirement

Present Address:

E-Mail Address:

Phone/Cell No.