**DCS FORM**

 **FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT**

Pensioner information (To be filled in by the Pensioner)

|  |  |
| --- | --- |
| PPO NO/DCS NO. |  |
| **SAP Personal No. (AS PER PAY SLIP )** |  |
| Account office (From where PPO originally issued) |  |
| **NAME OF PENSIONER** |  |
| Father / Husband Name |  |
| Pensioner old NIC No. |  |
| Pensioner CNIC (NADRA) |  |
| **FAMILY PENSIONER NAME** |  |
| Spouse/Son/Daughter/Father/Mother (select one) |  |
| Family Pensioner CNIC (NADRA) |  |
| Residential address (Current) |  |
| Residential address (Permanent) |  |
| Designation & Grade at the time of Retirement |  |
| Ministry / Division / Deptt. / Office |  |
| **E MAIL ADDRESS ( G-MAIL ONLY )** |  |
| **CONTACT NUMBER (COMPULSORY)** |  |
| I hereby opt to draw pension through direct credit scheme and have also submitted \*indemnity bond to the bank.\*The Pensioner shall produce an indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension account.The pensioner would further undertake that his/her legal heirs,successors,executors shall be liable to refund excess amount,if any credited to his/her pension account either in full or in installments(as agreed mutually) equal to such excess amount. |
| **Pensioner`s Signature / Thumb Impression** **Dated:** |  |

**ACCOUNT VERIFICATION (TO BE VERIFIED BY THE BANK)**

**CUTTING / OVERWRITING / FLUID / JOINT ACCOUNT NOT ACCEPTABLE**

**BELOW MENTIONED PORTION MAY PLEASE BE FILLED COMPLETELY.**

|  |  |
| --- | --- |
| Account Title (Name) |  |
| Account No. |  |
| Bank Name  |  |
| Branch Address  |  |
| Branch Code |  |
| Indemnity Bond / Lien submitted by the pensioner |

 **SIGNATURE / STAMP OF BANK MANAGER**