

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 NIC 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 Accounts 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% 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 0.5% 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 0.5% 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: _____	Signature: _____	
Name: _____	Name of _____	
Designation: _____	employee/Ex _____	
SBP/Subsidiary: _____	Employee _____	
	Designation: _____	
	PIN/Index No. _____	
	Date of appointment _____	
	Date of retirement _____	
	Present Address: _____	

Witness:

Signature: _____		
Name: _____		
Designation: _____		
SBP/Subsidiary: _____		
	E-Mail Address: _____	
	Phone/Cell No. _____	