APPLICATION FOR FINAL WITHDRAWAL OF GENERAL PROVIDENT FUND ACCUMULATION BY LEGAL HEIRS OF A DECEASED GOVERNMENT SERVANT

| | | | ART-1 |
|---------|-------------|---|--|
| To | | (TO BE FILLED I | BY THE APPLICANT) |
| То | The | 9 | |
| | | - | |
| | | | |
| Dear si | ir, | | |
| | My | | (relationship with the deceased) expired |
| while | in Gover | nment serivce, and I being the lega | I heir, request that the G.P. Fund dues of |
| the de | eceased | may please be paid to me: | |
| | The requi | site information is given below:- | |
| 1 | Name of S | Subscriber | |
| 2 | His Father | 's name | |
| 3 | Designation | on at the time of death: | |
| 4 | Account N | lumber | |
| 5 | Name of t | he office (A.G/DAO/ | |
| | Treasury) | where the payment is desired. | |
| 6 | i) | Specimen Signatures (in triplicate) | |
| | ii) | Identity Card No. | |
| | iii) | In the absence of (i) & (ii) | |
| | | other marks/particulars of identification | |
| 7 | If there is | no nomination, the following | |
| | document | ts be attached | |
| | i) | List of family members martial status, | |
| | | ages, names and relationship with the | |
| | | deceased. | |
| | ii) | Guardianship/succession certificate from | 1 |
| | | a civil court of indemnity Bond if amoun | t |
| | | of each minor heir exceeds Rs.5000.00 | |
| | | | YOUR'S FAITHFULLY |
| | | | TOOK STAITH OLL! |
| | | | Signature |
| | | | Relationship with the |
| | | | Deceased subscriber) |
| Dated: | | | Postal/residential Address: |

PART-II (TO BE COMPLETED BY THE DEPARTMENT CONCERNED)

| 1 | Name | fo the Audit and Accounts office | | |
|-------------|---------|--|-----------------|-------|
| | in who | ose audit jurisdiction served before | | |
| | transf | er to the jurisdiction of your office | | |
| | and A | ccount No. Allotted | | |
| | | | | |
| 2 | If any | Insurance Policy was financed | | |
| | out of | G.P. Fund account the following | | |
| | inforn | nation may be furnished: | | |
| | i) | Name of the Insurance Policy | | |
| | ii) | No and date of Insurance Policy | | |
| | iii) | Insurance policy has been collected | | |
| | | for safe custody. | | |
| | | | | |
| 3 | The a | mount and month of last fund | | |
| | Deduc | ction | | |
| | | | | |
| 4 | Partic | ulars of G.P Fund advance | | |
| | drawr | during last 12 months | | |
| | | | | |
| 5 | If no a | dvance from G.P Fund was certified that | | |
| | | | | |
| | | | Signature | |
| | | | Designation | |
| Office of t | he | | No. | Dated |
| | | | | |
| | Forwa | rded to A.G for payment of G.P Fund dues | | |
| | | | Signature | |
| | | | (Head of office | |
| | | | Department) | |

| | DES: | | | A/C No. | | |
|-----|-------------|---|-------------------|-------------------|-------------------|-------------------|
| | 75% 7-78 | 12.00% 1978-79 | 12.50% 1979-80 | 13.00% 1980-81 | 13.00% 1981-82 | 13.20% 1982-83 |
| | | | | | | |
| 14. | 00% | 14.60% | 14.72% | 19.05% | 18.20% | 19.29% |
| 198 | 3-84 | 1984-85 | 1985-86 | 1986-87 | 1987-88 | 1988-89 |
| | | | | | | |
| | 70% 9-90 | 20.70% 1990-91 | 20.70% 1991-92 | 20.70% 1992-93 | 20.20% 1993-94 | 20.07% 1994-95 |
| | | | | | | |
| | 13% | 21.78% | 22.76% | 22.55% | 20.94% | 15.00% |
| 198 | <u>5-96</u> | 1996-97 ———————————————————————————————————— | 1997-98 | 1998-99 | 1999-2000 | 2000-01 |
| | | | | | | |
| | 00% 1-02 | 14.50% 2002-03 | 13.50% 2003-04 | 12.00% 2004-05 | 10.50% 2005-06 | 11.00% 2006-07 |
| | | | | | | |
| | 50% 7-08 | 15% 2008-09 | 14.00% 2009-10 | 14% 2010-11 | 0% 2011-12 | 0.00% 2012-13 |
| | | | | | | |
| | | | | | | |

| INTEREST ALLOWED UPTO | |
|------------------------|--|
| GROSS AMOUNT Rs. | |
| LESS ZAKAT @ 2.50% Rs. | |
| NET PAYABLE Rs. | |

PROFORMA FOR PAYMENT OF G.P. FUND

| 1 | Name of Government Servant / Subscriber | |
|----|---|--|
| 2 | Identity Card No. | |
| 3 | Date of Birth | |
| 4 | Date of Appointment | |
| 5 | Name of Post | |
| 6 | Grade | |
| 7 | Date & Rate of 1st Deduction of G.P. fund | |
| 8 | G.P Fund Account no. | |
| 9 | Present Balance of G.P. Fund amount | |
| 10 | Whether Balance verified by the Accountant General. | |
| 11 | Missing of Deduction of G.P Fund, if any. | |
| 12 | Date of Death | |
| 13 | Nature of Advance refundable or Non-refundable | |
| 14 | How many advances have already been sanctioned. | |
| 15 | Whether deduction of previous advances are being made. | |
| 16 | Date and rate of last deduction of G.P. Fund | |
| 17 | Certified that there is no gap in the service of the subscriber | |

G.P. FUND FINAL SETTLEMENT FORM

PERSONAL No.

NAME

AMOUNT

Section: (PF-OFFICE OF THE ACCOUNTANT GENERAL BALOCHISTAN QUETTA FOR THE MONTH OF ____ **GENERAL INFORMATION** G.P. FUND A/C No. TOKEN No. & DATE DATE OF RETIREMENT SUPERANNUATION RETIRING DEATH TYPE OF RETIREMENT L.P.R INTEREST UPTO DATE OF ZAKAT DECLARATION BANK/BR. & A/C No.

ACCOUNTS OFFICER (PF-)

G.P. FUND FINAL SETTLEMENT FORM

Section: (PF-

| OFFICE O | F THE | ACCOUNTANT | GENERAL | BALOCHISTAN | QUETTA |
|----------|-------|------------|----------------|-------------|--------|
| | | | | | |

GENERAL INFORMATION

| PERSONAL No. | | | | | |
|---------------------------|----------------|----------|-------|-------|--|
| NAME | | | | | |
| G.P. FUND A/C No. | | | | | |
| TOKEN No. & DATE | | | | | |
| AMOUNT | | | | | |
| DATE OF RETIREMENT | | | | | |
| TYPE OF RETIREMENT | SUPERANNUATION | RETIRING | DEATH | L.P.R | |
| INTEREST UPTO | | | | | |
| DATE OF ZAKAT DECLARATION | | | | | |
| BANK/BR. & A/C No. | | | | | |

ACCOUNTS OFFICER (PF-)

حلفيه بيان

| مسمی رمسماة ولدرزوجه قومی شناختی کارڈنمبر | |
|---|--|
| سكنه | |
| حلفیہ بیان کرتا رکرتی ہوں کہ میں نے آج تک اپنا جی پی فنڈ نہیں نکالا ہے۔ | |
| میرادرج بالا بیان درست اور حقیقت پرمنی ہے اور کوئی امر پوشیدہ نہیں رکھا گیا ہے۔ | |
| مور چي: | |

حالف