

بخدمت جناب ڈائریکٹر صاحب ایسپلائز اولڈ ایج بینیفٹس انسٹیٹیوشن لاہور ریجن نارتھ  
عنوان! درخواست برائے حصول بڑھاپا ایسمانڈگان معزوری پنشن اگرائٹ

1- نام بمعہ ولدیت \_\_\_\_\_ نام زوجہ اشوہر \_\_\_\_\_

2- مکمل رہائشی پتہ \_\_\_\_\_

3- کمپیوٹر رائز ڈسٹنکشن کارڈ نمبر \_\_\_\_\_

بیمہ دار کا پرائیویٹ کارڈ نمبر مرحوم کاشتکاری کارڈ نمبر پرانا \_\_\_\_\_

4- E.O.B.I کا جاری کردہ رجسٹریشن کارڈ نمبر \_\_\_\_\_

5- فیملی کوڈ Family Code \_\_\_\_\_

6- E.O.B.I سکیم میں شمولیت کی تاریخ \_\_\_\_\_

7- ملازمت ختم ہونے اور ریٹائر ہونے کی تاریخ \_\_\_\_\_

8- تاریخ پیدائشی سروس ریکارڈ جنم پرچی تعلیمی سرٹیفکیٹ \_\_\_\_\_

9- ادارہ اداروں کا نام جہاں ملازمت کی I II III IV \_\_\_\_\_

10- بینک برانچ کا نام ایزی پیسہ \_\_\_\_\_ رابطہ نمبر ٹیلی فون \_\_\_\_\_

11- مسی اسماء \_\_\_\_\_ والد زوجہ \_\_\_\_\_ حلیفہ بیان کرتا

کرتی ہوں مندرجہ بالا کوائف میرے علم اور یقین کے مطابق درست ہیں اور نہ ہی میں نے کسی اور ادارے میں ملازمت کی ہے

دستخط \_\_\_\_\_

## تصدیق نامہ

تصدیق کی جاتی ہے کہ مسی اسماء \_\_\_\_\_ ولد دختر ازوجہ \_\_\_\_\_ ہمارے ادارے میں مورخہ \_\_\_\_\_

سے مورخہ \_\_\_\_\_ تک ملازمت کرتا رہا ہے۔ اور مورخہ \_\_\_\_\_ سے ریٹائرڈ ہو چکا ہے۔

آجر کار رجسٹریشن نمبر \_\_\_\_\_ ہے \_\_\_\_\_ آجر کے دستخط اور مہر \_\_\_\_\_

## دفتری کارروائی کے لئے

درخواست نمبر	A	تاریخ درخواست وصولی
کلیم فارم نمبر		تاریخ کلیم فارم جاری

دستخط آفیسر انچارج بینیفٹ \_\_\_\_\_ دستخط جاری کنندہ \_\_\_\_\_

Declaration and Certificates, as per specimen appearing hereunder, are to be submitted for pension under EOB Act 1976

### DECLARATION BY THE CLAIMANT

I do hereby affirm and declare that I have heither previously applied for pension nor I have received any pension earlier under EOB Act 1976. In case EOBI suffers any loss on account of submission of any incorrect information by us, we undertake to make good the loss by repaying the amount paid to the claimant by them.

SIGNATURE / THUMB IMPRESSION \_\_\_\_\_

CLAIMANT'S NAME: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

N.I.C. No. \_\_\_\_\_ EOBI No \_\_\_\_\_

### EOBI, REGIONAL OFFICE LAHORE (North)

#### Undertaking from Insured Person / Claimant

I. \_\_\_\_\_ EOBI No. \_\_\_\_\_ CNIC

No. \_\_\_\_\_ S/o \_\_\_\_\_

Hereby undertake that I have not served in any other establishment except mentioned in the Claim Form No. \_\_\_\_\_ and I would not challenge decision of the Region on question of insurable employment except for insurable employment detailed in claim form mentioned above.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature / Thumb impression of the Claimant / insured person



# EMPLOYEE'S OLD-AGE BENEFITS INSTITUTION LAHORE REGION (NORTH)

105-A, ALLAMA IQBAL ROAD, LAHORE.

Specimen appearing hereunder is the declaration by survivors to indemnify the payments of pension / arrears, according to the provisions of EOBI Act 1976.

## EOBI-SURVIVOR'S PENSION

ANNEXURE-A

1. Name of deceased insured person Mr./Ms./Mrs. \_\_\_\_\_
2. EOBI No. \_\_\_\_\_ N.I.C No. \_\_\_\_\_
3. Place of death \_\_\_\_\_ Date \_\_\_\_\_
4. Death certificate issued by Municipality \_\_\_\_\_
5. EOBI Pension claim No. \_\_\_\_\_ Rs. \_\_\_\_\_ Per Month

Dear Sir,

In consideration of the payment of EOBI survivor's pension amounting to Rs. \_\_\_\_\_ Per month, in my favour, I hereby solemnly affirm and declare that I am the only spouse of the late Mr./Mrs. \_\_\_\_\_ and legally entitled to receive the said pension under EOBI Act 1976.

And whereas I indemnify and keep harmless EOBI from all the claims and demands, all actions and proceedings etc., Taken against EOBI in respect of the said payment, being made to me under EOBI Act 1976.

In witness whereof of I put my signature /

( \_\_\_\_\_ )

Thumb impression to this deed on the

Name: \_\_\_\_\_

\_\_\_\_\_ Day of \_\_\_\_\_

N.I.C No. \_\_\_\_\_

(Signature of the witness No. 1)

(Signature of the witness No. 2)

Name \_\_\_\_\_

Name \_\_\_\_\_

N.I.C No. \_\_\_\_\_

N.I.C No. \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

N.B.: - To be duly attested by both local councilor / Magistrate 1st Class and Oath Commissioner



# EMPLOYEE'S OLD-AGE BENEFITS INSTITUTION LAHORE REGION (NORTH)

105-A, ALLAMA IQBAL ROAD, LAHORE.

The guarantors, as per specimen of format given here under, have to indemnify the all payments made to heirs of deceased pensioners / insured persons under EOB Act 1976

## INDEMNITY BOND

- Ref. 1. Name of deceased insured person Mr. / Miss / Mrs. \_\_\_\_\_
2. EOBI Number \_\_\_\_\_ N.I.C Number \_\_\_\_\_
3. Place of death \_\_\_\_\_ Date \_\_\_\_\_
4. Death certificate issued by Municipality \_\_\_\_\_
5. Balance of Old - Age / Invalidity / Survivor's Pension Rs. \_\_\_\_\_
6. Name of heir to whom this amount payable Mr. / Miss / Mrs. \_\_\_\_\_

Dear Sir,

- The aforesaid deceased without leaving a "will" or Testamentary Disposition, the death certificate is submitted herewith for your record.
- The aforesaid deceased left his/her surviyings as his/her only heirs and legal representatives under the Muslim Law by which he/she was governed at the time of his/her death, the persons described in the schedule hereunder written.
- We hereby request and authorize you to pay to the heir named above the amount lying with you to credit of the deceased as aforesaid.
- In consideration of your making payment as above, we hereby jointly and severally agree to indemnify you and keep you indemnified and harmless against all claims, damages, Suits, result fo the payment affected by you at our request.
- We further hereby indemnity irrevocably which you may require to meet our liability

## SCHEDULE IF LEGAL HEIRS

S. No.	Name of Legal Heirs	Relationship	Date of Birth	N.I.C Number	Sig/Thumb Impression
01.					
02.					
03.					
04.					
05.					
06.					
07.					

Address: \_\_\_\_\_

And we undersigned guarantor hereby guarantee the payment by the heirs as stated above and confirm that we will hold ourselves jointly and severally liable to you as principal debtors for any claim made on you by any person whosoever in respect of all the amount payable to the deceased and we under take to pay the same to you within two days of receipt of demand from you.

We further agree that we will not be discharged or released from our liability hereunder by any time or other indulgence which you may grant to any of the heirs for discharge of their liability hereunder:-

We further confirm that the aforesaid heirs are personally know to us and they have signed above in our presence.

(Signature of the Guarantor No. 1)

(Signature of the Guarantor No. 2)

Name \_\_\_\_\_

Name \_\_\_\_\_

N.I.C. No. \_\_\_\_\_

N.I.C. No. \_\_\_\_\_

Address. \_\_\_\_\_

Address. \_\_\_\_\_

N.B:- To be duly attested by both Magistrate (1st class) & Oath Commissioner.



# EMPLOYEES' OLD-AGE BENEFITS INSTITUTION

LAHORE REGION (NORTH)  
105-A, ALLAMA IQBAL ROAD, LAHORE

Certificate as per specimen appearing hereunder is to be submitted by legitimate heirs of the deceased insured person / pensioner alongwith claim form, under EOB Act 1976.

## CERTIFICATE OF LEGITIMATE HEIRS

1. Certificate that Mr. / Mrs. \_\_\_\_\_ bearing N.I.C. No. \_\_\_\_\_, is the only spouse of the deceased person. Mr. / Mrs. \_\_\_\_\_, bearing N.I.C. No. \_\_\_\_\_
2. Certificate that the following children are, all the legitimate heirs, of the above named deceased person and no body is left behind:

### SCHEDULE OF LEGAL HEIRS

S.No.	Name of Legitimate Heirs	Relationship	Age	N.I.C. Number
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				

Address: \_\_\_\_\_

3. Certified that National Identity Cards in respect of the legitimate heirs from Sr. No. \_\_\_\_\_ To \_\_\_\_\_, of the above mentioned schedule of legal heirs, of the above named deceased person, have not so far been duly issued to them.

\_\_\_\_\_  
(Signature of the authorized Officer)

Name \_\_\_\_\_

Designation: \_\_\_\_\_

\_\_\_\_\_  
(Official Seal)

Address:- \_\_\_\_\_

N.B:- Authorised Officer means a Government Gazetted Officer, Grad 17 or above.

بخدمت جناب ڈائریکٹر ای - او - بی - آئی (شمالی ریجن) لاہور

جناب عالی۔

مودبانہ گزارش ہے کہ میں مسماٹ \_\_\_\_\_ زوجہ \_\_\_\_\_  
اپنے پورے ہوش و حواس سے اقرار کرتی ہوں کہ میں (مرحوم) \_\_\_\_\_ کی واحد بیوہ ہوں اور میرے  
علاوہ (مرحوم) \_\_\_\_\_ کے عقد میں کوئی اور بیوی نہ ہے اور نہ ہی کسی بیوی کا مجھے علم ہے۔

اور میں مسماٹ \_\_\_\_\_ بیوہ \_\_\_\_\_ اس امر کا بھی اقرار کرتی  
ہوں کہ خلط بیانی یا حقائق کے پوشیدہ رکھنے کی صورت میں ذمہ دار ہوں گی۔ اور ای۔ او۔ بی۔ آئی ایسی صورت میں میرے خلاف قانونی  
چارہ جوئی کرنے کا مجاز ہوگا۔

العارض

دستخط

نام (بیوہ)