

AFFIDAVIT – UNDERTAKING

I Mr.Mrs. _____ S/o. W/o. _____

Bearing CNIC _____ Residing at _____

_____ hereby confirm.

That I am availing Marriage Grant for my daughter Ms. _____

D/o _____ who was married with Mr. _____

On _____

That I confirm that I am availing Marriage Grant from MCB Employees Foundation for my First ___ Second _____ Third Daughter.

That I confirm that I have not availed any Marriage Grant facility for the above mentioned daughter for the First , Second, Third Time and have not availed the facility for more then three daughters.

That if any undertaking is proven wrong I will refund the Marriage Grant to MCB Employees Foundation.

Date _____

Signature of Beneficiary

WITNESSES -1

WITNESSES -2

Name _____

Name _____

Address _____

Address _____

CNIC _____

CNIC _____