



MCB Employees Foundation

Date: \_\_\_\_\_

**BENEFICIARY STATUS ALIVE / DECEASED FORM - 2017**

DETAILS OF EMPLOYEE

Employees No:

Beneficiary Name:

Beneficiary Status: Alive ( ) Deceased ( )

Name of Widow	
Date of Beneficiary Allowance Since Availed	
Other Allowance Availed	
<b>Total Allowance Availed</b>	

The particulars mentioned are true to the best of my knowledge.

I, \_\_\_\_\_ Account no. \_\_\_\_\_ hereby acknowledge payment receipt of  
 Rs. \_\_\_\_\_ for the month of \_\_\_\_\_ year \_\_\_\_\_ through Advice no. \_\_\_\_\_ Date: \_\_\_\_\_  
 Tel/Mobile Number \_\_\_\_\_ Residential Address \_\_\_\_\_  
 CNIC Number \_\_\_\_\_ E-mail (if any) \_\_\_\_\_

**Please attach copy of CNIC with the form.**

\_\_\_\_\_  
Left hand thumb impression beneficiary

\_\_\_\_\_  
Signature of Pensioner / Beneficiary

**CERTIFICATE ISSUED BY PENSION BRANCH**

Certified that I have seen the beneficiary as on \_\_\_\_\_ and she is alive on this date.

\_\_\_\_\_  
 Branch Manager / Branch Operation Manager  
 Branch Name: \_\_\_\_\_

Branch \_\_\_\_\_  
 Circle \_\_\_\_\_

Note:

1. BOM will sign the certificate if the beneficiary appears personally before BOM/BM.
2. If beneficiary does not appear personally before BOM/BM, the certificate shall not be signed by BM & Maintenance Allowance amount should be returned through credit advice to MCB Employees Foundation.
3. In case of Non receipt of Semi-annual Verification Certificate, the allowance will be stopped form 1<sup>st</sup> April 2017 onwards.
- 4. Please do not credit beneficiary account till acknowledgement of this form.**

