

**MCB EMPLOYEES FOUNDATION
DECLARATION BY THE EX-EMPLOYEE**

Ex-Employee Particulars

Name _____
Designation _____ Emp. # _____
Last Place of Posting in MCB _____
Permanent Address _____
CNIC No. _____ Date of Birth / Age _____
Telephone No. _____ Mobile No. _____
Any Other Income (Other than Pension) _____
Value of Property _____

Details of Children

S.No.	Name	Married / Un-Married	Age
1			
2			
3			
4			
5			
6			

NATURE OF ASSISTANCE (PLEASE TICK WHICHEVER IS APPLICABLE)

1. Marriage Grant
2. Funeral Grant
3. Subsistence Allowance
4. Scholarship Allowance
5. Scholarship Higher Education
6. Maintenance Allowance (only allowed to widow after the death of Ex-Employee)

WHETHER FACILITY AVAILED IN THE PAST. (YES / NO)

IF AVAILED PLEASE GIVE DETAIL HERE-UNDER

Name of the Beneficiary _____
Name of Facility Availed _____
Date _____ Signature / Thumb Impression of Ex-Employee _____

Manager Certificate

(Submitted from where He / She is drawing Pension)

TO THE BEST OF MY KNOWLEDGE THE ABOVE PARTICULARS ARE CORRECT

Date _____ Signature / Seal _____