



**FORWARDING MEMO FOR SUBMITTING APPLICATION
UNDER THE WELFARE SCHEME OF
MCB EMPLOYEES FOUNDATION**

(FOR MCB BRANCHES):

Name of Applicant: _____

Nature of Assistance:

<input type="checkbox"/>	Maintenance Allowance
<input type="checkbox"/>	Marriage Allowance
<input type="checkbox"/>	Funeral Grant

<input type="checkbox"/>	Subsistence Allowance
<input type="checkbox"/>	Scholarship Allowance
<input type="checkbox"/>	Scholarship Higher Education

Ex-Employee Particulars:

i. Name: _____ Date of Birth: _____

ii. Emp. # _____ Grade: _____

iii. Retirement / Expiry Date: _____ Last Posting: _____

iv. No. of Dependents: Major: _____ Minor: _____

v. Released from MCB Due to: Superannuation Remature Retirement Death

Retirement Benefits

1 Pension.	Rs. _____
2 Benevolent Fund.	Rs. _____
3 Medical.	Rs. _____
4 Retirement Benefit in Lump Sum.	Rs. _____

Enclosures:

<input type="checkbox"/> Application	<input type="checkbox"/> Declaration of Widow	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> CNIC	<input type="checkbox"/> Retirement Benefit / Letter	<input type="checkbox"/> Copy Monthly Pension
<input type="checkbox"/> Nikkah Nama	<input type="checkbox"/> Undertaking 3 Daughters	<input type="checkbox"/> B' Form
<input type="checkbox"/> Bills for Purchases	<input type="checkbox"/> Fee Paid Memo	<input type="checkbox"/> Application Scholarship
<input type="checkbox"/> Certificate of Educational Institute		<input type="checkbox"/> Result Card Mark Sheet

(Tick the enclosed document)

Manager's Certificate:

**CERTIFY THAT THE INFORMATION GIVEN IN THE APPLICATION IS CORRECT AND THE APPLICANT
DESERVES FINANCIAL SUPPORT FROM THE FOUNDATION.**

Date: _____ Signature/ Seal of Manager : _____

Recommended from the Controlling Office:

Remarks: _____

Date: _____ Signature/ Seal: _____