

**APPLICATION FOR FINAL WITHDRAWAL OF GENERAL PROVIDENT FUND
ACCUMULATION BY A RETIRING/RETIRED GOVT. SERVANT.**

To,

The Accountant General
Sindh, Karachi.

Sir,

I have relinquished / will relinquish the charge of the office/post of _____
_____on_____consequent upto retirement on L.P.R /
Resignation / Dismissal / Discharge. I, therefore, request that my General Provident fund dues
may please be paid to me.

The requisite information is given below:-

- 1 Name with Father's name:
- 2 Subscriber's Account No.
- 3 Name of the audit & Accounts
office(s) in whose audit jurisdiction
of your office and account No(s)
allotted.
- 4 The amount and month of last fund
deduction.
- 5 Name of the office A.G's /D.A.O./
Treasury /NBP Branch where the
payment is desired.
- 6 (a) Specimen signature:
(in triplicate)
(b) Identity car No.
(c) In the absence (A) other
marks/Particulars of Identification
may be furnished.
- 7 If any Insurance Policy was finance
out of G.P Fund account the following
information may be furnished.
(a) Name of the Insurance Policy
(b) No. and date of Insurance Policy
(c) Insurance Policy with the subscriber
or the audit / account advance(s) office
- 8 Particulars of G.P.Fund Advance(s)
drawn during last twelve months.

If no advance from G.P Fund was drawn during last twelve months the certificate given opposite may be signed by the head of the office in respect of Government servants of grade 1 to 5, while the Government servances of Grace 16 and above may sign the certificate themselves.

Certified that no advance from G.P Fund was drawn by the subscriber during last 12 months.

Signature

Designation

Your obedient servant.

Signature

Postal/residential
Address:

Date:

Office of the

No.

Dated:

Forwarded to Accountant General Sindh for the payment of G.P.Fund dues.

Signature

Head of office/
Department:

PROFORMA FOR PAYMENT OF G.P. FUND

1	Name of Government Servant / Subscriber	
2	Identity Card No.	
3	Date of Birth	
4	Date of Appointment	
5	Name of Post	
6	Grade	
7	Date & Rate of 1st Deduction of G.P. fund	
8	G.P Fund Account no.	
9	Present Balance of G.P. Fund amount	
10	Whether Balance verified by the Accountant General.	
11	Missing of Deduction of G.P Fund, if any.	
12	Date of Death	
13	Nature of Advance refundable or Non-refundable	
14	How many advances have already been sanctioned.	
15	Whether deduction of previous advances are being made.	
16	Date and rate of last deduction of G.P. Fund	
17	Certified that there is no gap in the service of the subscriber	

ZAKAT DECLARATION FROM CZ-50 UNDER THE PROVISIONS TO SUB-SECTION (3) OF
SEC.1 OF THE ZAKAT & USHAR ORDINANCE 1980 & RULE 4 OF THE ZAKAT
(DEDUCTION & REFUND RULES) 1980-1981.

I, _____ S/O _____
Muslim and adult, resident of _____
Age _____ years, do hereby solemnly affirm by ALLAH as under:-

- 1 That I am a Muslim and follow _____ Fiqah. & A/c No. _____
2 That according to my faith and above said FIQAH I am not obliged to pay Zakat on
the following type of deposits/Scheme in any extent:

- | | |
|--|--|
| a) SAVING BANKS DEPOSITS PLS SAVING | i) SHARES & DEBENDTURES OF ALL PUBLIC |
| b) SPECIAL SAVING CERTIFICATE | LTD PANIES & STATUTORY CORPORATION |
| c) NATIONAL DEPOSIT CERTIFICATE | j) G.P.FUND & OLD AGE BENEFIT ACCOUNTS |
| d) KHAS DEPOSIT CERTIFICATE | k) LIFE INSURANCE POLICY |
| e) DEFENCE SAVING CERTIFICATE | l) MONTHLY INCOME UNI-SON |
| f) PROFIT & LOSS ACCOUNT | m) KAROR PATI CERTIFICATE |
| g) SPECIAL SAVING ACCOUNTS | n) PROVIDENT FUND, GRATUITY, ANNUITY, etc. |
| h) LOANS GIVEN TO OTHER AND ALL OTHERS | o) INVESTMENTS etc. |

- 3 That what is stated hereinafter is true and correct to the best of my knowledge and belief.

DEPONENT

Solemnly affirmed before me on this _____ day of _____ 20____ by the
deponent above named. Oath Commissioner/Notary Public.

Solemnly affirmed and declare that we know the above named Deponent and identify him/her as
the same person, described above.

WITNESS 1: _____ WITNESS 2: _____

Address: _____ Address: _____