

### **PAKISTAN** WATER AND POWER DEVELOPMENT AUTHORITY

# FORM-'A'

(For Final Settlement of GPF in respect of Retired / Resigned/Terminated employee.)

# "DOCUMENTARY PART" OF FORM-'A' (To be completed by the office concerned)

		Office of
No		Dated
	rector Accounts (Funds). , Wapda House Lahore.	
Subject	t:- <u>FINAL SETTLEMENT OF G.P.FU</u>	IND A/C NO
1. (a)	Brief information of the case is as und Name of Employee	ler:(b) Designation
(c)	Father's Name	(d) G.P.F. A/c No
		(f) Dt. Of Retirement
2.	Certificate that GPF A/c No	stands allotted to Mr./ Mst
	Son/ Dauş	ghter of
4.	other side).	npleted and countersigned is also attached (appended
(DL EAG		CLAUGE OUT OF FOLLOWINGS
(PLEAS	SE RECORD ABOVE THE APPLICABLE C The employee is Muslim and liable to pay z	· · · · · · · · · · · · · · · · · · ·
	The employee is Muslim who belongs to l	Fiqah Jafaria and as such is exempted from zakat. A aper (of at least Rs.4/=) required for this purpose is
(iii)	The employee belongs to non Muslim co declaration on ordinary paper taken from hi	ommunity and as such is exempted from zakat. A m/ her and duly attested is attached.
6.	Particulars of the office Bank Account:-  (a) Designation of the Drawing & Disburs  (b) Bank A/c No. (c) Bank	ing Officernk Name & Branch
7.	Certificate that all G.P.F deductions ma	and remitted vide Bank Draft No for Rs.
8.	The information/ certificates provided ab payment.	ove are correct and the case is recommended for
		(HEAD OF OFFICE)
		(HEAD OF OFFICE) With stamp.
		Postal address of Office in complete \



## **PAKISTAN** WATER AND POWER DEVELOPMENT AUTHORITY FORM-'A'

For Final Settlement of GPF in respect of Retired/ Resigned/ Terminated employee.

"APPLICATION PART" OF FORM-'A'
(To be completed by the employee concerned duly addressed to his/her Head of Office)

To:	The		
	_		
	_		
Sir,			
	I hav	e relinquish/will relinquish the charge of the office/post of	
Conse		upon retirement/ proceeding on L.P.R/ Resignation/ Dismissal/ Discharge vide office orde	
No		Dated I, therefore, request that my Genera	
Provid	dent Fu	and dues may please be paid to me.	
	The r	requisite information is given below:-	
	1.	G.P.F Account No.	
	2.	Name of Employee	
	3.	Desination:	
	4.	Father's Name	
	5.	Reference to insurance policy (if any) financed out G.P.Fund Account:-	
	(a) Name of the Insurance Company		
		(b) No. & Date of Insurance Policy.	
		(c) Insurance Policy was assigned	
		to (or with the subscriber).	
	It is c	certified that I have neither applied for the payment before this nor received final payment as	
yet.			
Count	tersigne	ed (Signature of Claimant)	
		Full Name;	
		Designation:	
(HEA	D OF	OFFICE) Postal address	
Wi	ith stan		

P.T.O. ( Documentary Part).