



**PAKISTAN
WATER AND POWER DEVELOPMENT AUTHORITY
FORM- "C"**

(For Balance Payment Of G.P.Fund)

" DOCUMENTARY PART" OF FORM-"C"

(To be completed by the office concerned)

Office of _____

Dated _____

No. _____

The Director Accounts (Funds)
Wapda, Wapda House Lahore.

Subject:- BALANCE PAYMENT OF G.P.F A/C NO.

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The proceeds of Funds Directorate Cheque No. _____ for Rs. _____ dated _____ based on voucher No. _____ dated _____ on Account of Final Settlement / balance payment, have already been paid to the person concerned. It is, therefore, requested that the balance payment which yet appears in the account may also be made. The particulars are as under:-

1. Name of Employee _____
2. Designation _____
3. Father's Name _____
4. G.P.F. A/c No. _____
5. Date of Appointment _____
6. (Whether the employee was retired/ terminated or resigned etc?) _____

7. Date of Retirement/ termination etc. _____

8. Prescribed application from duly competed and countersigned is also attached (appended on the other side)

9. Particulars of the office Bank Account:-

(a) Designation of the Drawing & Disbursing Officer

(b) Bank Account No. _____

(c) Name of Bank & Branch _____

It is certified that the information provided above is correct and the case is recommended for payment. The case is also being forwarded 06 month after the above mentioned payment.

(HEAD OF OFFICE)

With stamp.

Postal address of}

Office in complete} _____

P.T.O. (Application Part)



**PAKISTAN
WATER AND POWER DEVELOPMENT AUTHORITY
FORM- "C"**

(For balance payment of G.P.Fund.)

" APPLICATION PART" OF FORM- "C"

(To be completed by the Claimant duly addressed to his/ her head of office)

To,

The _____

Subject: **BALANCE PAYMENT OF G.P.F A/C NO.**

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IN RESPECT OF
MR./MST. _____
DESIGNATION _____

I/My _____ while working as
_____ in your office have/ has been retired/ resigned/ terminated/ died on
_____ My/ his/ her final payment of G.P.F A/c No. _____
My/ his/ her final payment of G.P.F A/c No. _____ has already been made Remaining
balance in this account may also kindly be paid now.

Countersigned

(SIGNATURE OF CLAIMANT)

Full Name _____

Postal address _____

(HEAD OF OFFICE)
With Stamp

P.T.O. (Documentary Part)