



Contribution Payment Slip

PR-03 (Copy A – Employer)

Under rule 3(9) of the Employees' Old-Age Benefits (Contribution) Rule 1976

Identification

221021

| | | | |
|--|---------------------------|-------------------------------|----------------------|
| 1. Employer's Registration No | <input type="text"/> | 2. Sub Office Code | <input type="text"/> |
| 3. Employer's Name | <input type="text"/> | | |
| Current Contributions | | | |
| 4. Contribution's Month (s): | From <input type="text"/> | To <input type="text"/> | |
| | m m y y | m m y y | |
| 5. No. of Insured Persons: | <input type="text"/> | 7. Employer' Rs Contributions | <input type="text"/> |
| 6. Total Amount Paid as Rs as Wages/ Salaries: | <input type="text"/> | 8. Employee's Contributions | <input type="text"/> |

Arrears of Contributions

| | | | |
|--|----------------------------|--------------------------|--|
| 9. Demand & Show Cause No: | <input type="text"/> | 10. Date | <input type="text"/> |
| | | m m y y | |
| 11. Amount: Rs | <input type="text"/> | | |
| 12. Employer's Contribution Arrears for period | From: <input type="text"/> | To: <input type="text"/> | 13. Employer's Contributions Rs: <input type="text"/> |
| | m m y y | m m y y | |
| 15. Employee's Contribution Arrears for period | From: <input type="text"/> | To: <input type="text"/> | 14. Employer's Statutory Increase Rs: <input type="text"/> |
| | m m y y | m m y y | |
| | | | 16. Employee's Contributions Rs: <input type="text"/> |
| | | | 17. Employee's Statutory Increase Rs: <input type="text"/> |

Payment Details

| | |
|--|---|
| 18. Total Amount (7, 8, 13, 14, 16, 17) | Rs: <input type="text"/> |
| Depositor's Name & Signature With seal of Establishment | _____ |
| | <i>In Words</i> |
| 19. Contribution Paid Through | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Demand Draft/Pay Order No: _____ Drawn on Bank & Branch: _____ |

For Bank Use Only

| | | | |
|--|-----------------------------|---------------|----------------------|
| Branch Code: | <input type="text"/> | Receipt Date: | <input type="text"/> |
| | | d d m m y y | |
| Document No: | <input type="text"/> | | |
| Credit to: EOBI Collection A/C ECCA, NBP Branch Karachi (002) | Authorized Signature: _____ | | |
| | Authorized Signature: _____ | | |

Please see overleaf for Instructions



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