

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			
	ector Accounts (Funds). Wapda House Lahore.			
Subjec	:- FINAL SETTLEMENT OF G.P.FUND A/C NO			
1. (a)	Brief information of the case is as under: Name of Employee(b) Designation			
(c)	Father's Name (d) G.P.F. A/c No			
(e)	Date of Appointment (f) Dt. Of Retirement			
2.	Certificate that GPF A/c No stands allotted to Mr./ Mst			
	Son/ Daughter of			
5.	Certificate that:- CERECORD ABOVE THE APPLICABLE CLAUSE OUT OF FOLLOWINGS :-). The employee is Muslim and liable to pay zakat as confirmed by him/ her.			
(ii)	The employee is Muslim and hable to pay zakat as confirmed by min/ her. The employee is Muslim who belongs to Fiqah Jafaria and as such is exempted from zakat. A declaration (CZ-50) on judicial stamped paper (of at least Rs.4/=) required for this purpose is attached.			
(iii)	The employee belongs to non Muslim community and as such is exempted from zakat. A declaration on ordinary paper taken from him/ her and duly attested is attached.			
6.	Particulars of the office Bank Account:- (a) Designation of the Drawing & Disbursing Officer			
7.	Certificate that all G.P.F deductions made from the employee have been remitted. Last deduction was made in and remitted vide Bank Draft No Dt for Rs			
8.	The information/ certificates provided above are correct and the case is recommended for payment.			
	(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,			
~,	T 1	1::-1- /:111::	and the state of the office of
Conse		-	ng on L.P.R/ Resignation/ Dismissal/ Discharge vide office order
	_	_	ted I, therefore, request that my General
		and dues may please be pa	
		equisite information is given	
	1	C D E Assount No	
	1. 2.	G.P.F Account No. Name of Employee	
	3.	Desination:	
	<i>3</i> . 4.	Father's Name	
	5. Reference to insurance policy (if any) financed out G.P.Fund Account:-		
			ce Company
			ance Policy.
		(c) Insurance Policy wa	
		to (or with the subsc	
	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:
(HEAD OF OFFICE)			Postal address
W	ith stan	ıp.	

P.T.O. (Documentary Part).