#### 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		
	irector Accounts (Funds). a, Wapda House Lahore.		
Subje	ct:- 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		
resign 4. on the 5.	An attested copy of the office order pertaining to retirement/ termination/ acceptance of ation is enclosed. Prescribed application form duly completed and countersigned is also attached (appended other side). Certificate that:-		
	ASE RECORD ABOVE THE APPLICABLE CLAUSE OUT OF FOLLOWINGS :-). The employee is Muslim and liable to pay zakat as confirmed by him/ 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. Las deduction was made in and remitted vide Bank Draft N 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 } \_\_\_\_\_



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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 have	relinquish/will relinquish the charge of the office/post of	
Consec	quent u	pon retirement/ proceeding on L.P.R/ Resignation/ Dismissal/ Discharge vide office order	
No		Dated I, therefore, request that my General	
Provid	ent Fun	nd dues may please be paid to me.	
	The re	quisite information is given below:-	
	1. 2. 3.	G.P.F Account No. Name of Employee Desination:	
	4.	Father's Name	
	<ul> <li>5. Reference to insurance policy (if any) financed out G.P.Fund Account:-</li> <li>(a) Name of the Insurance Company</li></ul>		
	<b>.</b>		

It is certified that I have neither applied for the payment before this nor received final payment as

yet.

Countersigned	(Signature of Claimant)
	Full Name;
	Designation:
(HEAD OF OFFICE)	Postal address
With stamp.	

### P.T.O. ( Documentary Part).