

DETAILS OF BANK ACCOUNT

16. Grantees' A/C Title _____
17. A/C No. (14 Digit) / IBAN No. _____
18. Bank Name _____
19. Branch Code _____
20. Branch Address _____

Bank Stamp with Branch Code

Signature of the Bank Manager

CERTIFICATE FROM DEPARTMENT

I certify and attest that the details furnished in this application are correct with the record available in this office and the documents required with the application are attached and are complete in all respect. It is further certified that the case of the grantee is **genuine and no case has earlier been submitted for release of Funeral Charges out of Benevolent Fund.**

**Signature & Name of the
Head of Office with Official Seal**

**Signature & Name of the Head of
Department with Official Seal**

DOCUMENTARY CHECK LIST

In order to process the case in timely manner, following attested documents are required to be attached with the application form:

- | | | |
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| <input type="checkbox"/> CNIC of Govt: Servant | <input type="checkbox"/> CNIC of Grantee | <input type="checkbox"/> CNIC of Deceased |
| <input type="checkbox"/> B/F Contribution Certificate | <input type="checkbox"/> Pay Roll | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Details of Bank A/C (14 Digit) / Crossed Cheque Leaf | | |