

# **APPLICATION FORM FOR LUMP SUM GRANT**

(KHYBER PAKHTUNKHWA GOVT. SERVANTS B/FUND PART-I & PART-II)

(FORM SHOULD BE FILLED IN CAPITAL LETTERS)

1. Personnel No. \_\_\_\_\_
2. Name of Government Servant \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Designation \_\_\_\_\_
5. Pay Scale \_\_\_\_\_
6. Office / Department \_\_\_\_\_
7. CNIC No. of the Government Servant 

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8. Date of Birth 

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9. Date of Entry into Government Service 

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10. Date of Death 

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11. Name of Widow / Grantee / Applicant \_\_\_\_\_
12. CNIC No. of Widow / Grantee 

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13. Contact No. \_\_\_\_\_
14. Complete Postal Address \_\_\_\_\_  
\_\_\_\_\_
15. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applicant/Grantee Signature \_\_\_\_\_

## **CERTIFICATE FROM DEPARTMENT**

It is certified 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 Retirement / Lump Sum Grant out of Benevolent Fund.**

\_\_\_\_\_  
Signature & Name of the  
Head of Office with Official Seal

\_\_\_\_\_  
Signature & Name of the  
Head of Department with Official Seal

\_\_\_\_\_  
Signature & Name of the Head of  
Department with Official Seal  
BS-01 to BS-15

\_\_\_\_\_  
Signature & Name of the Head of  
Department with Official Seal  
BS-16 & above

### **DETAILS OF BANK ACCOUNT**

16. Grantees' A/C Title \_\_\_\_\_
17. Account No. / IBAN No. \_\_\_\_\_
18. Bank Name \_\_\_\_\_
19. Branch Code \_\_\_\_\_
20. Branch Address \_\_\_\_\_

\_\_\_\_\_  
**Bank Stamp with Branch Code**

\_\_\_\_\_  
**Signature of the Bank Manager**

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### **CERTIFICATE FROM APPLICANT / GRANTEE**

I do hereby solemnly affirm and verify that the contents of this application are true to the best of my knowledge and nothing has been concealed. I know that in the event of making a willful misrepresentation, suppression of facts or **submission of duplicate case I shall be liable to criminal prosecution.**

\_\_\_\_\_  
**Name of the Applicant / Grantee**

\_\_\_\_\_  
**Signature of the Applicant / Grantee**

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### **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 Widow                            | <input type="checkbox"/> Death Certificate   |
| <input type="checkbox"/> List of Family Members   | <input type="checkbox"/> Pay Roll / LPC                           | <input type="checkbox"/> Details of Bank A/C |
| <input type="checkbox"/> Single Widow Certificate   | <input type="checkbox"/> No Marriage & Non-Separation Certificate |  |
| <input type="checkbox"/> Death in Service Certificate   |   |  |
| <input type="checkbox"/> Undertaking on plain paper to the effect that there are no other claimants to the grant except list of family members. |   |  |