



Employees'  
Old-Age Benefits  
Institution

## CLAIM FORM

PE-04

کلیم فارم

(For Old Age Pension and Old Age Grant)

برائے ضعیف العمری پنشن اور ضعیف العمری گرانٹ

Under Regulation (3) of EOB (Payment of Old-Age Pension, Old-Age Grant & Survivor Pension) Regulation, 1983

زیر دفعہ (3) ای او بی (ضعیف العمری پنشن، ضعیف العمری گرانٹ اور پسماندگان پنشن) ریگولیشن مجریہ 1983ء

### PART A

The following documents should be supplied with this form:

EOBI Registration Card

Attested Photocopy of CNIC (both Sides)

Two recent passport size photographs duly attested

اس فارم کے ساتھ مندرجہ ذیل دستاویزات منسلک کریں  
ای او بی آئی رجسٹریشن کارڈ  
قومی شناختی کارڈ کی تصدیق شدہ نقل (دونوں رخ)  
دو حالیہ پاسپورٹ سائز تصویریں (تصدیق شدہ)

### PART B

Name of the Claimant: دعوی دار کا نام \_\_\_\_\_

Age/Date of Birth: عمر/تاریخ پیدائش \_\_\_\_\_

CNIC No. : قومی شناختی کارڈ نمبر \_\_\_\_\_

Registration Number : رجسٹریشن نمبر \_\_\_\_\_

Address: پتہ \_\_\_\_\_

#### POSITION OF INSURABLE EMPLOYMENT TO DATE:

S. No نمبر شمار	Name and Address of Employer	Employer Registration No. آجر کا رجسٹریشن نمبر	Period of Insurable Employment بیمہ شدہ ملازمت کی مدت

Continue on separate sheet if necessary اگر ضروری ہو تو علیحدہ کاغذ منسلک کریں

Total Period of Insurable Employment : بیمہ شدہ ملازمت کی کل مدت \_\_\_\_\_

I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_ do hereby solemnly

declare and verify that the information given above is true and current, to the best of my knowledge and no material facts have been concealed. I claim Old-Age Pension/Old-Age Grant.

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_

Please give two specimen signatures or Thumb impressions. اس جگہ دو دستخط یا انگوٹھے کے نشان لگائیں

## CERTIFICATE OF LAST EMPLOYER

آخری آجر کا سرٹیفکیٹ

It is certified that Mr./Mrs./Miss \_\_\_\_\_ s/o, d/o, w/o \_\_\_\_\_ is/was an insured person at this establishment and that the details furnished by him/her in this form are correct to the best of our knowledge and information.

It is confirmed that he/she is/was in the service of this establishment from \_\_\_\_\_ to \_\_\_\_\_ and all monthly contributions in respect of him/her were duly paid to E.O.B.I.

Our record of monthly wages paid to him/her over the last 36 calendar months of service shows. (Attach statement of the last 36 months wages)

Seal of the Establishment

ادارے کی مہر

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

(The institution reserves the right to inspect the record of the employer and recover any unpaid contributions with late fee calculated in prescribed manner.)

### PART C

(FOR OFFICE USE ONLY)

Date of receipt of Claim Form: \_\_\_\_\_

Receiving Office: \_\_\_\_\_

Name and signature of the receiving officer: \_\_\_\_\_

Claim of Old Age Pension/Enhanced Old Age Pension/Old Age Grant/Widow Pension amounting to

Rs. \_\_\_\_\_ p.m/lump sum w.e.f. \_\_\_\_\_ Approved \_\_\_\_\_ .

Claim rejected (if so) for the following reasons:

\_\_\_\_\_  
Prepared by

\_\_\_\_\_  
Checked by

\_\_\_\_\_  
Approved by

Claim Form No. \_\_\_\_\_

Mr. / Miss/ Mrs. \_\_\_\_\_

s/o, w/o, d/o: \_\_\_\_\_

Received on: \_\_\_\_\_

Seal/Signature: \_\_\_\_\_

**TO THE REGIONAL HEAD,**

EOBI Region \_\_\_\_\_

With utmost respect, it is hereby stated that my details are as under:

Name: \_\_\_\_\_ Father/Husband name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ CNIC Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

EOBI Registration No: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

I hereby declare to the best of my knowledge that the above details are true and correct to the best of my knowledge and no material facts have been concealed. Therefore, kindly issue me a Claim form.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**CERTIFICATE OF LAST EMPLOYER**

It is certified that Mr./Mrs./Miss \_\_\_\_\_ s/o, d/o, w/o \_\_\_\_\_ is/was an insured person at this establishment and that he/she is/was in the service of this establishment from \_\_\_\_\_ to \_\_\_\_\_. His date of birth according to our record is \_\_\_\_\_.

Employer Registration No. : \_\_\_\_\_ Seal and Signature of Employer: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of applicability of EOBI Act on the establishment: \_\_\_\_\_ Age at the time of applicability: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Total Insurable Period: \_\_\_\_\_

Claim Form no. \_\_\_\_\_ is hereby issued dated \_\_\_\_\_.

\_\_\_\_\_  
Benefits Incharge

**UNDERTAKING FROM INSURED PERSONS / CLAIMANTS**

I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_ EOBI Number \_\_\_\_\_ CNIC Number \_\_\_\_\_ hereby undertake that I/My husband/my wife has not served in any other establishment except mentioned in the claim form PE-03/PE-04/PE-05 and I would not challenge decision of the region on question of insurable employment except for insurable employment in the claim form mentioned above. It is further clarified that neither I nor my husband/my wife has applied for any benefits or received any benefits from EOBI.

\_\_\_\_\_  
CLAIMANT'S NAME

\_\_\_\_\_  
THUMB IMPRESSION/SIGNATURE

**EMPLOYER DECLARATION / CERTIFICATE**

It is certified that Old Age/invalidity/Grant/Widow's pension in respect of Mr. /Ms. \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_ has not been submitted previously to EOBI. In case EOBI suffers any loss on account of incorrect information by us, we undertake to make good the loss of repaying the amount of claimant/EOBI.

\_\_\_\_\_  
OFFICIAL SEAL

\_\_\_\_\_  
EMPLOYER SIGNATURE

**SERVICE CUM AGE CERTIFICATE**

This is to certify that Mr./Ms. \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_ has served from \_\_\_\_\_ to \_\_\_\_\_ in this organization and his date of birth as per our record is \_\_\_\_\_.

\_\_\_\_\_  
OFFICIAL SEAL

\_\_\_\_\_  
EMPLOYER SIGNATURE

**SALARY STATEMENT**

The salary/wages statement in respect of Mr./Ms. \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_ is given below.

MONTH/YEAR	WAGES	MONTH/YEAR	WAGES
January /		January /	
February /		February /	
March /		March /	
April /		April /	
May /		May /	
June /		June /	
July /		July /	
August /		August /	
September /		September /	
October /		October /	
November /		November /	
December /		December /	

\_\_\_\_\_  
OFFICIAL SEAL

\_\_\_\_\_  
EMPLOYER SIGNATURE

# UNDERTAKING

(Where a Unit is Closed)

I \_\_\_\_\_ s/o, w/o \_\_\_\_\_ do hereby solemnly state that I/my husband was employed in

SR. NO.	UNIT NAME	FROM	TO

and that the above are closed now. This undertaking is being given for Old Age Pension, Survivor Pension, Invalidity Pension and the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Oath Commissioner

# EMPLOYEES' OLD AGE BENEFITS INSITUTION

## PENSIONER'S DETAILS

NAME: \_\_\_\_\_

FATHER NAME : \_\_\_\_\_

OLD NIC NUMBER : \_\_\_\_\_

CNIC NUMBER : \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEHSIL: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
THUMB IMPRESSION/SIGNATURE

\_\_\_\_\_  
DATE

## **REQUIRED DOCUMENTS**

1. EOBI Registration Card (Original)
2. CNIC of Claimant (Attested Photocopies X 2)
3. CNIC of Claimant's Spouse (Attested Photocopies X 2)
4. Pictures of Claimant (Attested Pictures X 4)
5. Pictures of Claimant's Spouse (Attested Pictures X 4)
6. Family Registration Certificate from NADRA (Attested Photocopy)
7. Service Certificate from Employer/s (Original)
8. Personal File of Service from Employer/s (Photocopy)

EMPLOYEES OLD AGE BENEFITS INSTITUTION