



Employees'  
Old-Age Benefits  
Institution

## CLAIM FORM

PE-05

کلیم فارم

(For Survivor Pension)

برائے پسماندگان پنشن

Under Regulation (3) of EOB (Payment of Invalidity 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:

1. Attested Photocopy of CNIC (both Sides) of Claimant(s)/Guardian
2. Two recent passport size photographs duly attested of the claimant(s)/Guardian
3. Pension Card (if insured person was already in receipt of pension)
4. Guardian Certificate issued by competent court of law (for survivor pension to minor children)
5. Attested photocopy of official death certificate of the deceased I.P./Pensioner
6. Attested photocopy of Family Registration Certificate from NADRA

- اس فارم کے ساتھ مندرجہ ذیل دستاویزات منسلک کریں
1. دعویدار/سرپرست کی قومی شناختی کارڈ کی تصدیق شدہ نقل (دونوں رخ)
  2. دعویدار/سرپرست کی دو حالیہ پاسپورٹ سائز تصویریں (تصدیق شدہ)
  3. پنشن کارڈ (اگر بیمہ دار پنشن یافتہ ہو)
  4. مجاز عدالت کا جاری کردہ سرپرستی سرٹیفیکیٹ (نابالغ بچوں کے لئے)
  5. متوفی بیمہ دار/پنشنر کی موت کے سرکاری سرٹیفیکیٹ کی تصدیق شدہ نقل
  6. نادرا دفتر سے فیملی رجسٹریشن سرٹیفیکیٹ کی تصدیق شدہ نقل

### PART B

#### CLAIMANT NO. 1

Name of the Claimant: دعویدار کا نام \_\_\_\_\_  
Name of the Father/Spouse: ولدیت/زوجیت \_\_\_\_\_  
Age/Date of Birth: عمر/تاریخ پیدائش \_\_\_\_\_  
Relationship with deceased: متوفی سے رشتہ \_\_\_\_\_  
CNIC Number: قومی شناختی کارڈ نمبر \_\_\_\_\_  
Date of Marriage: شادی کی تاریخ \_\_\_\_\_  
Address: پتہ \_\_\_\_\_

#### CLAIMANT NO. 2

Name of the Claimant: دعویدار کا نام \_\_\_\_\_  
Name of the Father/Spouse: ولدیت/زوجیت \_\_\_\_\_  
Age/Date of Birth: عمر/تاریخ پیدائش \_\_\_\_\_  
Relationship with deceased: متوفی سے رشتہ \_\_\_\_\_  
CNIC Number: قومی شناختی کارڈ نمبر \_\_\_\_\_  
Date of Marriage: شادی کی تاریخ \_\_\_\_\_  
Address: پتہ \_\_\_\_\_

**PART C**

**PARTICULARS OF THE DECEASED**

Name: نام -----  
Name of the Father/Spouse: ولدیت/زوجیت -----  
CNIC Number: قومی شناختی کارڈ نمبر -----  
Age/Date of Birth: عمر/تاریخ پیدائش -----  
Date of Death: تاریخ وفات -----  
EOBI Claim Number: ای او بی آئی کلیم نمبر -----  
Address: پتہ -----

اگر متوفی نے اپنا کلیم داخل نہ کیا ہو تو اب تک اس کی قابل بیمہ ملازمت کے مکمل کوائف

If the deceased had not yet filed his/her claim, give the details of his/her insurable employment to date.

Sr. No. نمبر شمار	Name of the Employer آجر کا نام اور پتہ	Employer's Reg.No. آجر کا رجسٹریشن نمبر	Period of Insurable Employment بیمہ شدہ ملازمت کی کل مدت	
			Entry Date کب سے	Exit Date کب تک

Continue on separate sheet if necessary

اگر ضروری ہو تو علیحدہ کاغذ استعمال کریں

## DECLARATION BY THE CLAIMANT(S)

دعویدار(ان) کا اقرار نامہ

میں/ہم \_\_\_\_\_ بیوہ/رنڈوا/قانونی ورثا \_\_\_\_\_  
حلفیہ اقرار کرتا ہوں/کرتی ہوں/کرتے ہیں کہ مندرجہ بالا معلومات بالکل صحیح اور درست ہیں اور کوئی  
ضروری حقائق پوشیدہ نہیں رکھے گئے ہیں۔

دستخط/انگوٹھے کا نشان

Please give two specimen  
signatures/thumb impression

انگوٹھے کے نشان یا دستخط (2 عدد)



## DECLARATION OF THE GUARDIAN

I \_\_\_\_\_ do hereby  
solemnly declare that I have been  
appointed as a guardian for the above  
named claimant vide court's order dated  
\_\_\_\_\_ (attested copy  
enclosed) and I hereby undertake to  
disburse to each claimant the amount of  
pension sanctioned to him/her by the  
institution.

I also undertake that in case of death of  
any one of the minor survivors, I will  
immediately inform the concerned office of  
the institution.

-----  
(Name and Signature)

## CERTIFICATE OF LAST EMPLOYER

آخری آجر کا سرٹیفیکیٹ

(If deceased had not yet filed Pension Claim)

(اگر متوفی نے اب تک پنشن کلیم داخل نہیں کیا تھا)

It is certified that Mr./Mrs./Miss  
----- s/o,  
d/o, w/o -----

اس بات کی تصدیق کی جاتی ہے کہ مسمیٰ/مسمات  
-----  
ولد/بیوہ/بنت -----

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.

اس ادارے کا/کی بیمہ شدہ رکن تھا/تھی اور اس فارم  
میں دی گئی تفصیلات ہمارے مطابق درست ہیں۔ یہ  
بھی تصدیق کی جاتی ہے کہ

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

سے -----  
تک اس ادارے کا  
ملازم تھا/تھی اور ملازمت کے دوران اس کا ماہانہ  
کنٹری بیوشن ای او بی آئی کو روانہ کیا جا چکا ہے۔

Seal of the Establishment

ادارے کی مہر

Signature: -----

Name: -----

Designation: -----

**FOR OFFICE USE ONLY**

صرف دفتری استعمال کے لئے

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 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/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 \_\_\_\_\_ EOB 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.

-----  
 Claimants' 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 suffer 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

بخدمت جناب ڈائریکٹر صاحب، ای او بی آئی، \_\_\_\_\_ ریجن

عنوان : درخواست برائے حصول فیملی پنشن

جناب عالی ! مودبانہ التماس حسب ذیل ہے۔

1- یہ کہ سائلہ کا خاوند مسمی \_\_\_\_\_ ولد

\_\_\_\_\_ وفات پا چکا ہے۔

2- یہ کہ سائلہ متذکرہ بالا کی واحد بیوہ ہے۔

لہذا استدعا ہے کہ متوفی مذکورہ کی پنشن سائلہ کے نام کرنے کا حکم صادر فرمایا جائے۔

عین نوازش ہوگی۔ مورخہ :

عرضے

\_\_\_\_\_  
دستخط / نشان انگوٹھا

\_\_\_\_\_ نام :

\_\_\_\_\_ پتہ :

### **DECLARATION CERTIFICATE**

I certify that I have not applied previously for pension nor have I received any benefit thereof.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature / Thumb Impression  
Of the Claimant/Insured person



## اقرار نامہ برائے تلافی نقصان

منکہ مسمیٰ / مسماة \_\_\_\_\_ ولد / زوجہ \_\_\_\_\_ جو کہ متوفیٰ / متوفیہ کی اولڈ ایج پینشن کے حصول کے لیے قانونی ورثاء کا نمائندہ مقرر ہوا / ہوئی ہوں، حلفاً بیان کرتا / کرتی ہوں کہ اس سلسلے میں کسی غلط بیانی سے کام نہیں لیا۔ اگر وصولی واجبات کے بعد بھی کسی وقت اس ضمن میں غلط بیانی ثابت ہوئی تو میں وصول کردہ تمام رقم واپس کرنے کا پابند رہوں گا/گی۔

دستخط / نشان انگوٹھا

نام : \_\_\_\_\_

پتہ : \_\_\_\_\_

\_\_\_\_\_

تاریخ : \_\_\_\_\_

تصدیق اوتھ کمشنر

مہر : \_\_\_\_\_

مورخہ : \_\_\_\_\_

## INDEMNITY BOND

The Chairman,  
EOBI, KARACHI

NAME OF DECEASED INSURED PERSON	
EOBI REGISTRATION NO.	
DATE & PLACE OF DEATH	
DEATH CERTIFICATE ISSUED BY	
NAME OF HEIR TO WHOM AMOUNT PAYABLE	
NAME OF LAST EMPLOYER	
BALANCE OF INV/OAP/WD	

Dear Sir,

The aforesaid deceased died without leaving a will of testamentary deposition. The death certificate is submitted herewith for your record. The aforesaid deceased left him/her surviving as his only heirs and legal representative under Muslim law which he/she governed at the time of his/her death, the person described in the schedule hereunder written. We hereby request and authorize you to pay the person named above the amount to the credit of the deceased as aforesaid. In consideration of your making payment as above, we hereby jointly and individually agree to indemnify and keep you indemnified and harmless against all claims dues, sets, proceedings and the cost, charges and expenses thereof arising directly as a result of the payment effect by you at our request. We further irrevocably agree to pay you any amount jointly and severally which you may require to meet our liability hereunder.

SR	NAME	AGE / DOB	RELATION	SIGNATURE/THUMB IMPRESSION
1				
2				
3				
4				
5				
6				
7				
8				

And we the undersigned guarantors signed hereby guarantee payment by the heirs as stated above and confirm that we will hold ourselves jointly and individually liable to you as principal debtors for any claim made on you by any person whosoever in respect of the said amount payable to the deceased and we undertake to pay the same to you within two days of receipt of demand from you.

We further agree that we will not be discharged or released from our liability hereunder by any time or other indulgence which may grant to any of the heirs for discharge of their liability hereunder.

Witness No. 1 (گواہ نمبر 1)

Witness No. 2 (گواہ نمبر 2)

Name (نام): \_\_\_\_\_

Name (نام) \_\_\_\_\_

Father Name (ولایت) \_\_\_\_\_

Father Name (ولایت) \_\_\_\_\_

تصدیق اوتھ کمشنر

## واحد بیوگی سرٹیفیکیٹ

تصدیق کی جاتی ہے کہ مسماة \_\_\_\_\_ بیوہ \_\_\_\_\_ مرحوم کی واحد بیوہ ہے۔  
مرحوم نے اس کے علاوہ کسی اور سے شادی نہیں کی تھی۔ (اگر دوسری بیوہ فوت ہو چکی ہے تو اس کا  
تصدیق شدہ فوتگی سرٹیفیکیٹ ہمراہ لف کریں)

تصدیق گزینڈ آفیسر (گریڈ 17 یا زائد)

دستخط : \_\_\_\_\_

مہر : \_\_\_\_\_

## سرٹیفیکیٹ

تصدیق کی جاتی ہے کہ درج ذیل افراد متوفی/متوفیہ کے قانونی ورثا ہیں۔ اس کے علاوہ کوئی اور شخص متوفی /  
متوفیہ کا قانونی وارث نہیں ہے۔

نمبر شمار	نام	رشتہ	پتہ	عمر	دستخط/نشان انگوٹھا
1					
2					
3					
4					
5					
6					
7					
8					

تصدیق گزینڈ آفیسر (گریڈ 17 یا زائد)

دستخط : \_\_\_\_\_

مہر : \_\_\_\_\_

## **REQUIRED DOCUMENTS**

1. CNIC of Claimant (Attested Photocopies X 2)
2. CNIC of Claimant's Spouse (Attested Photocopies X 2)
3. Pictures of Claimant (Attested Pictures X 4)
4. Pictures of Claimant's Spouse (Attested Pictures X 4)
5. Family Registration Certificate from NADRA (Attested Photocopy)
6. Marriage Certificate (Attested Photocopy)
7. Death Certificate of Pensioner/Insured Person (Attested Photocopy)
8. Pension Card (original)
9. ATM Card (Original)
10. EOBI Registration Card (Original) if deceased was not a pensioner
11. Service Certificate from Employer/s (Original) if deceased was not a pensioner
12. Personal File from Employer/s (Photocopy) if deceased was not a pensioner
13. Guardian Certificate (original) in case of minor pension

EMPLOYEES OLD AGE BENEFITS INSTITUTION