

**INDEMNITY BOND**

To,  
The,

\_\_\_\_\_  
\_\_\_\_\_

In compliance with the WAPDA Pension SOP instructions for payment of pension through your Bank Account, I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/  
Next of Kin: \_\_\_\_\_  
CNIC#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Signature \_\_\_\_\_  
Name of Pensioner \_\_\_\_\_  
Date of Retirement \_\_\_\_\_  
PPO No. \_\_\_\_\_  
Bank Account No. \_\_\_\_\_  
CNIC#: \_\_\_\_\_

**Witness-1**

Name: \_\_\_\_\_  
CNIC#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Witness-2**

Name: \_\_\_\_\_  
CNIC#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_