

APPLICATION FOR REFUND OF HOUSING SUBSCRIPTION FUND													
RELATIONSHIP #										Date		/ /20	
Full Name													
Father Name													
Designation											BPS		
Office / Department													
Postal Address													
E-mail Address (If Any)													
Phone Numbers				Home			Office			Mobile			
National Identity Card Numbers		New											
		Old											
Personal Numbers		New (PIFRA)											
		Old											
PPO Number (If Retired)		-											
Total Claimed Period/Month(s)				From _____ To _____									
Monthly Subscription Rate(s)				Amount of Refund Claimed (Rs.)									

The undersigned hereby solemnly declare that all the information/data given above is correct to the best of my knowledge and belief. It is, therefore, requested that refund of the amount as claimed above may kindly be allowed.

Member's Signatures/Thumb Impression*

Note: Please mark a tick on Yes/No against the followings: -

- i. Application routed through DDO Office /Department Concerned. (Yes / No)
(For Non Gazetted Members only)
- ii. Legible attested copies of computerized salary slips for the total claimed period/month(s) including NIL deduction slip attached. (Yes / No)
- iii. Deduction Certificate (in original) duly initiated by Drawing & Disbursing Officer (DDO) and countersigned by District Accounts Officer (DAO-I)/other Deducting Authority concerned or eligible attested copies of paybills attached. (Yes / No)
(For manual deduction period/month(s) only)

*صرف ان ممبرز کیلئے جو دستخط نہیں کر سکتے۔