**Pension Nomination Form**

**Organization Name  
Department  
Form No.:** PN-001  
**Date of Submission:** 05/10/2025

**SECTION A — EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | Ahmed Khan | **Employee ID:** | EMP-4521 |
| **Designation:** | Senior Accounts Officer | **Department:** | Finance |
| **Date of Birth:** | 14/02/1970 | **Date of Joining:** | 01/03/1998 |
| **Date of Retirement (Expected):** | 14/02/2030 | **Permanent Address:** | 24-B, Gulshan Block 3, Karachi |
| **Contact No.:** | +92 333 4567890 | **Email Address:** | ahmed.khan @email.com |

**SECTION B — NOMINEE DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nominee Name** | **Relationship with Employee** | **Date of Birth** | **Address** | **Percentage of Benefit (%)** | **Contact No.** |
| Fatima Khan | Wife | 12/07/1975 | 24-B, Gulshan Block 3, Karachi | 70% | +92 333 5678901 |
| Bilal Khan | Son | 25/03/2003 | 24-B, Gulshan Block 3, Karachi | 30% | +92 333 7890123 |

**Total Benefit Allocation:** =

**SECTION C — EMPLOYEE DECLARATION**

I, **Ahmed Khan**, hereby nominate the person(s) mentioned above to receive the pension benefits payable to me in the event of my death. I certify that the information provided is true and correct to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** 05/10/2025

**SECTION D — HR / ADMINISTRATION USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By (HR Officer):** | Saima Iqbal | **Date Received:** | 06/10/2025 |
| **Verified By:** | Muhammad Abbas (HR Manager) | **Approval Status:** | ✅ Approved |
| **Approval Date:** | 07/10/2025 |  |  |
| Remarks: | All details verified and updated in pension database. | | |
|  | | |