**Pensioner Life Certificate Form**

**(To be submitted annually to the Pension Disbursing Authority)**

**SECTION A – PENSIONER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Pensioner’s Full Name | Mr. Abdul Rahman | Pension Account Number | PNB-4582136 |
| Pension ID / PPO Number | PPO/PK/2020/1123 | CNIC / ID Number | 35201-4567890-3 |
| Date of Birth | 10-Feb-1955 | Date of Retirement | 10-Feb-2015 |
| Department / Organization | Public Works Department | Designation at Retirement | Assistant Engineer |
| Present Address | House No. 24-B, Garden Town, Lahore | Contact Number | +92 300 6543210 |
| Email (optional) | abdulrahman@example.com | | |

**SECTION B – CERTIFICATION BY PENSIONER**

I hereby declare that I am alive as of the date mentioned below, and I am receiving pension benefits under the above PPO number.

Signature of Pensioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Signing: ***10-Oct-2025***  
Place: ***Lahore***

**SECTION C – WITNESS DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Witness** | **CNIC / ID Number** | **Address** | **Signature** |
| Muhammad Irfan | 35201-8765432-1 | 10-D Model Town, Lahore |  |
| Faisal Ahmed | 35202-9876543-5 | 15-A Gulberg III, Lahore |  |

**SECTION D – CERTIFICATE BY VERIFYING OFFICER / BANK OFFICIAL**

I hereby certify that the above-named pensioner, **Mr. Abdul Rahman**, personally appeared before me on **10-Oct-2025** and is alive on this date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature & Stamp of Officer:** |  | | |
| **Name:** | Ms. Saira Malik | **Designation:** | Branch Manager |
| **Bank / Office Name:** | National Bank of Pakistan – Garden Town Branch | | |
| **Date:** | 10-Oct-2025 | | |

**SECTION E – FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Verified By |  | | |
| Verification Date |  | Next Due Date for Life Certificate |  |
| Remarks |  | | |
|  | | |

**NOTES:**

* Pensioners must submit this form **annually** to continue pension disbursement.
* Attach a copy of your **CNIC** and **Pension Book**.
* Form can be submitted **in person** or **digitally (if allowed)**.