Carlotte Company of

APPLICATION FOR SWITCHOVER OF PENSION PAYMENT THROUGH AUTHORISED BANK

(To be submitted in duplicate)

To The	PAO/	Treasury/Pension	ı Disbursing Offi	cer		
<u> </u>						
C:				(Address	s)	
Sir,						
to enable	ot to dra you to	aw my pension th make arrangeme	rough Authorised ents in this regar	d Bank and ord.	give below n	ecessary particulars
1.	1. PARTICULARS OF PENSIONER					
	(a) (b) (c)	Name PPO No. Present address				
2.	PAR	TICULARS OF TI	HE AUTHORISE	D BANKS W	VHERE PAYI	MENT IS DESIRED
	(a) (b) *(c)	Name Branch and Add My S.B./Current	dress where pay	ment is desi		
Place:						Yours faithfully,. (Pensioner) (Sd)
Date:	either or	survivor' account is	not permissible).			
						Signature
		SE IN THE OFFIC				
Shri/Smt./K	(um		(Name of L be	_ink Branch). earing No	The Disburs	to the Link Branch er's half of PPO of (are) sent herewith.
The	pensio	ner has been pa upto	id pension @ F	?s	nm a	nd doornoon rollef
Pension due from the month of					is to be arra	anged by the Bank
Station : Date:					(Pension Dis	sbursing Authority) Vith Name & Seal)