

OFFICE OF THE
CONTROLLER OF MILITARY ACCOUNTS
(OFFICERS PENSION)
RAWALPINDI

TIME BARRED CLAIMS PROFOMA

(This form is to be filled by those army officers / pensioners / families who have not preferred their pension claims for last 12 months or more)

CERTIFICATE

I, _____ S/O _____
PA No. _____ Rank _____ hereby certify that:-

1. I am alive on _____.
2. I am a Pakistani Nationality holder having CNIC No. _____.
The CNIC is valid upto _____.
3. I am not convicted by any court of law during the period of pension claim.
4. I have not been re-employed in any Government department since my retirement from Pakistan Army except in _____
for the period from _____ to _____.
5. I draw my pension through NBP, _____ Branch _____
and my last month of payment is _____ as reflected in my pension book / bank certificate.
6. My home address is _____

I, undertake that in case of change of address I shall intimate the office of CMA (OP) in writing immediately.

7. My banker is _____

8. I have got this certificate countersigned from Mr. _____
on _____ whose official address is _____
_____ and phone no. is _____

it is further certified that signatures and stamp of the countersigning officer are genuine and I take full responsibility if the same are proved otherwise during verification

9. I could not claim my pension from _____ to _____
due to following reasons: _____

10. Since I was abroad, as indicated above, I hereby produce a copy my passport with entry / exit entries.

11. My three specimen signatures are as follows:-

I) _____ II) _____ III) _____

Date: _____ PA No. _____ Rank _____

Place: _____ Name: _____

Signature

COUNTERSIGNATURE

I, _____
(Name) (Designation)

certify that I know _____
(PA No, Rank, Name)

who is an army officer pensioner and who has given the above certificate in connection with this claim for payment of his pension for the period from _____ to _____

I also certify that all the above statements are true to the best of my knowledge. My official address and phone / fax numbers are given below:-

Official Address: _____

Phone No: _____

Fax No: _____

I have signed this information certificate on _____. I fully understand that this date will be considered by the office of the CMA (OP) as life certificate of the above named pensioner.

(_____)
Official stamp / Signature

Attested copies of following documents are enclosed:-

- I. CNIC
- II. Passport
- III. Application for change of address
- IV. Application for change of banker
- V. Pension book
- VI. Bank certificate of last payment from NBP
- VII. Two current photographs (Passport size)

Date: _____ PA No. _____ Rank _____

Place: _____ Name: _____

Signature

Office Address: CMA (OP), CMA Complex Block # 3, Bakery Road Saddar Rawalpindi Cantt
051-9270738, Exchange # 051-9270721-28 Extension: 273

www.pmad.gov.pk