



**PAKISTAN  
WATER AND POWER DEVELOPMENT AUTHORITY  
FORM- "C"**

(For Balance Payment Of G.P.Fund)

**" DOCUMENTARY PART" OF FORM-"C"**

(To be completed by the office concerned)

Office of \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

No. \_\_\_\_\_

The Director Accounts (Funds)  
Wapda, Wapda House Lahore.

**Subject:-** BALANCE PAYMENT OF G.P.F A/C NO.

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The proceeds of Funds Directorate Cheque No. \_\_\_\_\_ for Rs. \_\_\_\_\_ dated \_\_\_\_\_ based on voucher No. \_\_\_\_\_ dated \_\_\_\_\_ on Account of Final Settlement / balance payment, have already been paid to the person concerned. It is, therefore, requested that the balance payment which yet appears in the account may also be made. The particulars are as under:-

1. Name of Employee \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. G.P.F. A/c No. \_\_\_\_\_
5. Date of Appointment \_\_\_\_\_
6. ( Whether the employee was retired/ terminated or resigned etc?)  
\_\_\_\_\_
7. Date of Retirement/ termination etc. \_\_\_\_\_
8. Prescribed application from duly competed and countersigned is also attached (appended on the other side)
9. Particulars of the office Bank Account:-
  - (a) Designation of the Drawing & Disbursing Officer  
\_\_\_\_\_
  - (b) Bank Account No. \_\_\_\_\_
  - (c) Name of Bank & Branch \_\_\_\_\_

It is certified that the information provided above is correct and the case is recommended for payment. The case is also being forwarded 06 month after the above mentioned payment.

(HEAD OF OFFICE)  
With stamp.  
Postal address of }  
Office in complete } \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**P.T.O. (Application Part)**



**PAKISTAN  
WATER AND POWER DEVELOPMENT AUTHORITY  
FORM- "C"**

(For balance payment of G.P.Fund.)

**" APPLICATION PART" OF FORM- "C"**

(To be completed by the Claimant duly addressed to his/ her head of office)

To,

The \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subject: **BALANCE PAYMENT OF G.P.F A/C NO.**

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**IN RESPECT OF**  
**MR./MST.** \_\_\_\_\_  
**DESIGNATION** \_\_\_\_\_

I/My \_\_\_\_\_ while working as  
\_\_\_\_\_ in your office have/ has been retired/ resigned/ terminated/ died on  
\_\_\_\_\_ My/ his/ her final payment of G.P.F A/c No. \_\_\_\_\_  
My/ his/ her final payment of G.P.F A/c No. \_\_\_\_\_ has already been made Remaining  
balance in this account may also kindly be paid now.

Countersigned

(SIGNATURE OF CLAIMANT)

Full Name \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(HEAD OF OFFICE)  
With Stamp

**P.T.O. ( Documentary Part)**