PAKISTAN POST OFFICE POST OFFICE SAVINGS BANK NOMINATION FORM

(One form to be filled in for each Account)

amount standing at the cre	All recover Section - Active Process	nt of my death/death o	ioned Person(s) to receive th f both of us. The amount sha pelow against their names:-
Name(s) and address of no minee	Relationship with Depositor(s)	Age at the time of nomination	Amount or share of deposit to be paid to each
In case of the dem	ion Press/FD-21/Now. 1992/20 ise of the nominee/any of th concerned shall case to have	e nominees above nam	ned, prior to my/our death, th
Place: Date:		Signature / Thumb impression of the holder(s) of the account	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	Ithumb impression, names lresses of two witnesses	(2)	

[To be completed by the Post Office]

The above nomination form will be kept in a Guard Book and the details of the nomination noted on the relevant page of the ledger. The Index Card in respect of new accounts along with the details of nomination will be sent to the Audit Office.