



Government of Pakistan
(Establishment Division)

BOARD OF TRUSTEES, FEDERAL EMPLOYEES BENEVOLENT & GROUP
INSURANCE FUNDS, (FEB & GIF), Headquarters, Islamabad

PERFORMA FOR BENEFICIARIES OF BENEVOLENT GRANT
FOR ACTIVE BENEFICIARIES DIRECTORY (ABD)

Batch/S#: _____
(mmvy) e.g. 0820 /1 to 1000

1. EMPLOYEES INFORMATION		Death/Invalidation Grant Case #:			
Application/POC #:		POC Issued date:			
Employee CNIC:		Employee Name:			
Employee Father Name:		Employee Mother Name:			
Department Retired from:		Last BPS:			
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Femal	Last Designation:			
Place of Retirement:		Retirement Date:			
Retirement Type:					
Contact (Cell #):		Email:			
2. IN CASE OF DECEASED EMPLOYEES					
Date of Death:		Reason of death:			
3. BENEFICIARY DETAILS					
Beneficiary CNIC:		Beneficiary Name:			
Father Name:		Mother Name:			
Relation with Employee:		Date of Birth			
Profession:		If s/he is nominee?			
Contact (Cell #):		Email:			
Permanent Address:					
Present Address:					
Marital Status:	<input type="radio"/> Married	Married date:	<input checked="" type="radio"/> UnMarried	<input type="radio"/> Widow	w.e.f. date:
4. BENEVOLENT GRANT INFORMATION					
First payment received w.e.f:		First payment (Rs):			
Last Payment Received date:		Last Payment (Rs):			
Transfer date:		Transfer Amount:			
*Bank Account #:		Grant Allowed upto date:			
Bank Branch Code:		Bank Branch Name:			

Note: *Beneficiaries are advised to provide bank account in their own interest.

Name & signatures (with date)
(Beneficiary)

Verified by Name, CNIC & signatures (with date)
(Authorized Bank Officer)