



GOVERNMENT OF KHYBER PAKHTUNKHWA
FINANCE DEPARTMENT
(REGULATION WING)

No.SO(SR-II)FD/4-36/2017
Dated Peshawar the 16/08/2017

To,

01. The Senior Member, Board of Revenue, Khyber Pakhtunkhwa.
02. All Administrative Secretaries to Govt: of Khyber Pakhtunkhwa.
03. The Principal Secretary to Governor, Khyber Pakhtunkhwa
04. The Principal Secretary to Chief Minister, Khyber Pakhtunkhwa.
05. The Secretary, Provincial Assembly, Khyber Pakhtunkhwa
06. All Heads of Attached Departments in Khyber Pakhtunkhwa.
07. All Commissioners in Khyber Pakhtunkhwa.
08. All Deputy Commissioners in Khyber Pakhtunkhwa.
09. All Political Agents / District & Sessions Judges in Khyber Pakhtunkhwa
10. The Registrar, Peshawar High Court, Peshawar.
11. The Chairman, Public Service Commission, Khyber Pakhtunkhwa.
12. The Chairman, Services Tribunal, Khyber Pakhtunkhwa.
13. The Chairman, Provincial Ombudsman Secretariat, Khyber Pakhtunkhwa
14. All Board Members/Management Committee Members of RB&DC.

Subject: RETIREMENT BENEFIT AND DEATH COMPENSATION GRANT.

Dear Sir,

I am directed to refer to the subject noted above and to state that Government of Khyber Pakhtunkhwa promulgated the Khyber Pakhtunkhwa Retirement Benefit and Death Compensation, Act 2014, which is enforced with effect from 6th November 2014 in the Province but due to constant amendments in the Act as well as framing of rules and regulations, the payment could not be started. Section 9 of the Act provides for payment of amount to a Civil Servant at the time of his retirement, dismissal, removal, termination or resignation from service and death while in service. For the purpose of the act ibid, government has notified rules and the Board have also approved accounting procedure alongwith application forms which are annexed to this letter.

2. In view of the above, Civil Servants falling under Section 2 (b) of the act ibid are required to apply for payment to the Board of RB&DC fund through Secretary Finance Department on the prescribed forms. The Board shall settle the claim in prescribed manner and payment will be made to the Civil Servant or his family as the case may be against the contributed amount. A project title "RB&DC Fund" is functioning in Finance Department for the purpose.
3. It is therefore, requested that all claims falling under the Act ibid may kindly be sent on prescribed forms completed in all respect, enabling this Department to settle the same and make payment against the available sums in the fund.

Yours faithfully

Encls: as above.


(MOAZZAM KHAN)
SECTION OFFICER (SR.II)

A copy for information is forwarded to:-

- 01 The Accountant General, Khyber Pakhtunkhwa, Peshawar.
- 02 The Director, Treasuries & Accounts, Khyber Pakhtunkhwa
- 03 All the District Comptroller of Accounts in Khyber Pakhtunkhwa.
- 04 The Director, Local Fund Audit, Khyber Pakhtunkhwa, Peshawar.
- 05 The Director, FMIU, Finance Department.
- 06 The Treasury Officer, Peshawar.
- 07 All the District/Agency Accounts Officers, Khyber Pakhtunkhwa/FATA
- 08 All the Section Officers / Budget Officers in Finance Department, Khyber Pakhtunkhwa, Peshawar.
- 09 The Private Secretary to Minister Finance, Khyber Pakhtunkhwa.
- 10 The Private Secretary to Secretary / P.As to Special Secretary, Additional Secretaries / Deputy Secretaries in Finance Department.
- 11 HR Finance Department (Assistant Director Web).
- 12 Section Officer (E-2), Government of Pakistan, Establishment Division.


(MOAZZAM KHAN)
SECTION OFFICER (SR.II)



RETIREMENT BENEFIT AND DEATH COMPENSATION FUND

PAYMENT OF RETIREMENT BENEFIT

PART - I

**Paste passport
size photograph**

1 Personal #	<input style="width: 100%;" type="text"/>										
2 a) Name of Beneficiary	<input style="width: 100%;" type="text"/>										
b) CNIC No.	<input style="width: 100%;" type="text"/>										
c) Father / Husband Name	<input style="width: 100%;" type="text"/>										
d) Last Position held alongwith BPS	<input style="width: 100%;" type="text"/>										
e) Name of Department	<input style="width: 100%;" type="text"/>										
f) Station/Place of last Posting	<input style="width: 100%;" type="text"/>										
3 Date of Birth	dd		mm				yyyy				
4 Date of Appointment	<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>				<input style="width: 20px;" type="text"/>				
5 Date of Retirement OR removal from service on account of	<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>				<input style="width: 20px;" type="text"/>				
a) Superannuation / Qualifying service	<input style="width: 20px;" type="checkbox"/>		b) Dismissal from Service				<input style="width: 20px;" type="checkbox"/>		c) Removal		<input style="width: 20px;" type="checkbox"/>
d) Termination	<input style="width: 20px;" type="checkbox"/>		e) Resignation				<input style="width: 20px;" type="checkbox"/>		(Tick the relevant box)		
6 Regular Contributions to											
a) Group Insurance	From	<input style="width: 100%;" type="text"/>				To	<input style="width: 100%;" type="text"/>				
b) RB&DC	From	<input style="width: 100%;" type="text"/>				To	<input style="width: 100%;" type="text"/>				
c) Missing period in case of leave without pay etc.											
i	From	<input style="width: 100%;" type="text"/>				To	<input style="width: 100%;" type="text"/>				
ii	From	<input style="width: 100%;" type="text"/>				To	<input style="width: 100%;" type="text"/>				
iii	From	<input style="width: 100%;" type="text"/>				To	<input style="width: 100%;" type="text"/>				
7 Address											
a) Present/Postal	<input style="width: 100%;" type="text"/>										
b) Permenant	<input style="width: 100%;" type="text"/>										
c) Contact No.	<input style="width: 100%;" type="text"/>										

**Signature or Thumb Impression
of Beneficiary**



RETIREMENT BENEFIT AND DEATH COMPENSATION FUND

PAYMENT OF RETIREMENT BENEFIT

8 Bank Detail

a) Name of Bank b) Bank Code

c) Title of Account

d) Type of Account (i.e. PLS, Saving, Current)

d) Account No

Signature of Branch Manager Stamp with Branch Code

PART-II CERTIFICATE

- 1 Certified that the information contained above in respect of Mr/Miss/Mrs _____ is correct and according to our record.
- 2 Certified that the above named employee was neither a contingency/work charged/adhoc/contract employee nor a deputationist from any Provincial Government or Federal Government and he/she was a regular contributor of RB&DC & Group Insurance Funds
- 3 Certified that the claim has been submitted for the first time and had never been sent previously from any office of this department.
- 4 Certified that this department reserve the right to refund the amount of all grants sanctioned under RB&DC scheme, in case of fake/fictitious documents / information in respect of the above named employee.

Seal and Signature
Head of the office

Dated _____

Forwarded to the Board of Retirement Benefit & Death Compensation Fund, Finance Department Peshawar for grant of retirement benefit

Seal and Signature
Head of the Department

Dated _____

Required documents & Instructions for submission of Application Form

- a The application form must be countersigned by the concerned Head Administrative Department / Head of Attached Department
- b Attested Photocopy of Retirement Order / Notification
- c One Photograph of the beneficiary
- d Attested photocopy of CNIC of beneficiary
- e Leave account duly signed by the DDO, in case of Gazzetted be issued by the AG/DCA/DAO/AAO(s)
- f Computerized pay slip showing RB&DC deduction, Pay stoppage certificate duly signed by the office of the DDO/AG/DCA/DAO/AAO(s)
- g Attested Photo copy of first and 2nd page of S/Book, In case of Gazzetted a Service Certificate be issued by the AG/DCA/DAO/AAO(s)
- h A copy of the Medical Board proceedings duly attested by the Head of Department.
- i The attached documents should be marked as Annexure A, B, C etc
- j Forward application form with covering Letter to:

Project Manager (RB&DC), 1st Floor Directorate of Treasuries & Accounts, Khyber Pakhtunkhwa Peshawar



RETIREMENT BENEFIT AND DEATH COMPENSATION FUND

4 Address of Beneficiary

Present/Postal

Permenant

Contact No.

**Signature or Thumb Impression
of Beneficiary**

5 Bank Detail

a) Name of Bank

b) Bank Code

c) Title of Account

d) Type of Account (i.e. PLS, Saving, Current)

d) Account No

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Signature of Branch Manager

Stamp with Branch Code

PART-III

CERTIFICATES BY THE HEAD OF DEPARTMENT

- 1 The information contained above in respect of Mr/Miss/Mrs _____ is correct according to our record.
- 2 The above named employee was neither a Contingent Paid / Work Charged / Adhoc / Contract employee etc nor a deputationist from any Provincial / local Government and he is/was a regular contributor of RB&DC & GI Funds. Further he /she was neither dismissed nor removed from service (in case of a deputationist from one Federal Government Department to another the case will be prepared by his/her parent Department)
- 3 Certified that the employee died during the continuance of service after retirement.
- 4 The particulars of nominee(s) and sum assured etc. of deceased employee mentioned in Part - I & II above are correct and there is no other nominee(s) as per record of this office. In case, particulars of nominee(s) given in Part - I & II found incorrect at later stage by any forum, our department will be responsible for refund of sanctioned amount(s) to RB&DC Fund.
- 5 Certified that the claim has been submitted for the first time and had never been sent previously from any office of this department.
- 6 The above named employee was not uniform employee of Armed forces at the time of death.

Dated _____

**Seal and Signature
Head of the office**

Forwarded to the Board of Retirement Benefit & Death Compensation Fund, Finance Department Peshawar for grant of retirement benefit

Dated _____

**Seal and Signature
Head of the Department**



RETIREMENT BENEFIT AND DEATH COMPENSATION FUND

Required documents & Instructions for submission of Application Form

- a) Last pay certificate/computerized pay slip duly countersigned by head of department showing personal No. allotted by the Accountant General, Khyber Pakhtunkhwa / District Account Officer
- b) First and second page of service book/PPO/statement of service in case of gazetted employee .
- c) CNIC in respect of the aforesaid deceased employee and the prospective beneficiaries and in case of any minor beneficiary, B-Form (Both sides of CNIC must be copied on A-4 size paper).
- d) Death certificate issued by Union Council / Union Committee/Municipal Committee duly attested.
- e) Death Notification/order under which the name of the said employee was struck off strength.
- f) Nomination form for pertaining to Retirement Benefit & Death Compensation Fund filled in the employee during service
- g) List of dependent family members i.e. wife/wives, natural son(s), father, mother, minor brothers and unmarried/divorced/widowed sisters/daughters. The list should indicate name, CNIC No. relationship, age, marital status, profession, monthly income, present mailing address and contact number(s).
- h) Wholly dependency certificate (other than spouse) issued by the Head of the Department/Officer authorized by the department (Authority letter must be attached).
- i) Envelope containing four copies of photographs duly attested in respect of each beneficiary bearing the name of the person on the reverse of three photos and one on the face. In case of purdah observing ladies, photographs will not be required, A certificate that she is Purdah observing lady must be attached.
- j) Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of each beneficiary / dependents duly attested by class-1 Gazetted Officer.
- k) In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate
- l) Forward application form with covering Letter to:

**Project Manager (RB&DC), 1st Floor Directorate of Treasuries & Accounts, Khyber Pakhtunkhwa
Peshawar**