

FORMAT –10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager
Himachal Pradesh Gramin Bank
.....**Branch**

Date: _____

Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch.

In consideration of making payment of Pension as per the HPGB Pension Regulations 2018, I / We do hereby solemnly, sincerely and conscientiously declare and say as under:

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me/ us.

Yours faithfully,

Signature (Pensioner): _____

Signature of Family Members / Nominees: _____

Witness:

(I)

(II)

Signature		
Name		
E.P.F No		
Address & Phone No.		