

**UTILITY STORES CORPORATION OF PAKISTAN (PRIVATE) LIMITED****HEAD OFFICE ISLAMABAD**

Application for final settlement of C. P. Fund Account

HEAD OFFICE  
DIVISION**PART - I**

(To be completed by the application)

1. Name and Designation of subscriber \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of appointment in USC \_\_\_\_\_
4. Date of Resignation/Termination/  
Retirement from service. \_\_\_\_\_
5. Last place of duty \_\_\_\_\_
6. Date of First subscription \_\_\_\_\_
7. Date of last subscription \_\_\_\_\_
8. CPF Account No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant

**PART - II**

( To be filled in by Establishment Section )

1. Particulars given at Sr. No. 1 to 5 verified as correct.
2. Reason for Resignation/Termination/Retirement from the service \_\_\_\_\_

\_\_\_\_\_

Secretary/Divisional Manager

**PART - III**

( To be filled in by Accounts Section )

1. Last deduction of Rs. \_\_\_\_\_ on account of CPF contribution was mad from his salary for the month of \_\_\_\_\_ Remitted to Head Office vide Demand Draft/  
Cheque No. \_\_\_\_\_ dated \_\_\_\_\_
2. Whether held the Charge of any store \_\_\_\_\_
3. Period for which remained Store Incharge \_\_\_\_\_
4. Store Accounts prepared for the period \_\_\_\_\_

5. Nothing is outstanding against the individual except the under amounts to be recovered from his CPF balance

- i. CPF Advance/Interest Rs. \_\_\_\_\_
- ii Car/Motor Cycle Advance Rs. \_\_\_\_\_
- iii Recovery on account of loss/shortage/pilferauge Embazzlement etc \_\_\_\_\_

Account Officer

Divisional Manager

**PART - IV**

Certified that the balance to the credit of his CPF Account No. \_\_\_\_\_  
 Is Rs. \_\_\_\_\_ as on \_\_\_\_\_  
 Recommended payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
 \_\_\_\_\_) as full and final settlement after deduction  
 of Zakat of Rs. \_\_\_\_\_ and after effecting recovery of Rs. \_\_\_\_\_  
 per details in Part - III

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Finance Director

**PART - V**

- 1. Approved payment of Rs. \_\_\_\_\_  
after adjustment of Rs. \_\_\_\_\_ as recommended.
- 2. Payment not approved for the following reason/s \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Station \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Managing Director

**PART - VI**

Payment of Rs. \_\_\_\_\_ Made to Mr/Miss/Mrs \_\_\_\_\_  
 \_\_\_\_\_ vide Cheque No. \_\_\_\_\_ dated \_\_\_\_\_