DATE:

COUNTER SIGNATURE OF

REFUND OF CONTRIBUTION

(REVISED –SEPTEN	MBER, 2	2022)				S	SHAHEEN	
				CONTRIBU			FOUNDATION PAF	
	•	E IN TWO COPIE				PITAL LETTERS)		
PERSONAL PAR	RTICL							
1. RANK:		2. NAME AS I	PER TITLE (OF BANK ACC	OUNT :	3. PAK/NO :		
4. TRADE:	5. U	NIT:	6 MF	EMBERSHIP NO)· 7	/ 7. STATUS:	<u></u>	
T. TRADE.	J. U		0. 1411	LINDLIKOTIII TK	,	(I) REGULAR AIRMAN	⊒	
						(II) RE-ENROLLED AIRMAN		
8. CNIC:			9. A	ACCOUNT NO (IBAN):				
10. BANK NAME&	CODE	NO:		11. BRANCH NAME:				
12. CELL NO:				13. E-MAIL:				
14. PRESENT ADDRESS:				15. PERMANENT ADDRESS:				
HAVE UNINTERRUI DOWN-GRADATION BE STRUCK OFF PROVISIONS OF A	PTEDL I OF M STRE FO 176 HE AM	Y CONTRIBUTEI Y MEDICAL CAT NGTH (SOS) '0 6-30, I HAVE BE	D TOWARD TEGORY OF COPY OF I	S THE SCHEM R OTHERWISE POR' ON ITLED TO REF	IE FOR A I AM NO UND OF	F MWS (A) SINCEA PERIOD OF FIVE (05) YEARS AD OW LEAVING THE SERVICE AND IN ACCORDANCE WITH F MY CONTRIBUTION. I THEREFILINE TRANSACTION / BANK DR	AFTER O WILL I THE FORE,	
17. DATE :				18. SIGNATURE:				
REMARKS BY U	JNIT (OMMANDER						
AIRMAN HAS AVAIL	ED LP , DATE	R. HIS STRUCK D	OFF STRE	NGTH (SOS)	ATE IS _	DRRECT AS PER UNIT RECORD. AS PER UNIT BE IS THEREFORE FORWARDED	T POR	
NAME AND RANK:							一 a	
UNIT:								
				DATE:		SIGNATURE WITH STAM	1P 5	
FOR ACTION BY	Y SHA	HEEN FOUN	DATION F	HEAD OFFIC	E			
APPLICABLE (WITH	REAS	ONS OVERLEAF). THE REF	UND IS DUE FR	OM	ONTRIBUTION IS APPLICABLE /		
21. BANK DRAFT / CHEQUE NODATEDAS REQUESTED AT PARA 16 ABOVE FOR RS IS ENCLOSED FOR HANDING OVER TO THE APPLICANT / REASONS FOR NON APPLICABILITY OF THE REFUND ARE STATED OVERLEAF FOR INFORMATION OF THE APPLICANT, FOR NECESSARY ACTION BY THE UNIT COMMANDER AND COMPLETION OF PARA 22.								
NAME AND RANK:							Ţ	
DESIGNATION:							HAH	
				DATE:		SIGNATURE WITH STAN		
RECEIPT AND C	COUN	TER SIGNAT	JRE	<u> </u>			()	
22. THE ABOVEMI HANDED OVER TO	_	-	ANSACTION	N / BANK DRAF	T / CHEC	QUE HAS BEEN RECEIVED BY ME	E AND	

DATE: **UNIT COMMANDER** Note: - This form can be downloaded from PAF Intranet and can be sent by post to Head Office, Shaheen Foundation, duly filled in & signed by the applicant and countersigned by Unit Commander.

SIGNATURE OF APPLICANT

PERSONAL PARTICULARS

REFUND OF CONTRIBUTION

MEDICAL WELFARE SCHEME (AIRMEN) (RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

(-	SHAHEEN FOUNDATION
	PAF

1. RANK:	2. NAME AS PER	TITLE O	F BANK ACCOUNT	: 3. PAK/NO :				
4. TRADE:	5. UNIT : 6. I		MBERSHIP NO:	7. STATUS:- (I) REGULAR AIRMAN (II) RE-ENROLLED AIRMAN				
8. CNIC:		9. A (ACCOUNT NO (IBAN):					
10. BANK NAME&	CODE NO:	1	11. BRANCH NAME:					
12. CELL NO:		1	13. E-MAIL ADD:					
14. PRESENT ADD	PRESS:	1	15. PERMANENT ADDRESS:					
16. REFUND OF CONTRIBUTIONS. I HAVE BEEN A REGULAR MEMBER OF MWS (A) SINCEAND HAVE UNINTERRUPTEDLY CONTRIBUTED TOWARDS THE SCHEME FOR A PERIOD OF FIVE (05) YEARS AFTER DOWN-GRADATION OF MY MEDICAL CATEGORY OR OTHERWISE. I AM NOW LEAVING THE SERVICE AND WILL BE STRUCK OFF STRENGTH (SOS) 'COPY OF POR' ON IN ACCORDANCE WITH THE PROVISIONS OF AFO 176-30, I HAVE BECOME ENTITLED TO REFUND OF MY CONTRIBUTION. I THEREFORE, REQUEST THAT THE AMOUNT OF REFUND BE REMITTED THROUGH ONLINE TRANSACTION / BANK DRAFT / CHEQUE IN MY FAVOR.								
17. DATE :			18. SIGNATURE:					
REMARKS BY U	NIT COMMANDER		-					
19. IT IS CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT AS PER UNIT RECORD. THE AIRMAN HAS AVAILED LPR. HIS STRUCK OFF STRENGTH (SOS) DATE IS AS PER UNIT POR NO, DATED (COPY ATTACHED). THE CASE IS THEREFORE FORWARDED FOR REFUND OF CONTRIBUTION.								
NAME AND RANK:								
UNIT:			DATE:	SIGNATURE WITH STAMP				
FOR ACTION BY	SHAHEEN FOUNDAT	ION HE	AD OFFICE					
20. UNDER THE PROVISIONS OF AFO 176-30 , THE REFUND OF CONTRIBUTION IS APPLICABLE / NOT APPLICABLE (WITH REASONS OVERLEAF). THE REFUND IS DUE FROMTO								
21. BANK DRAFT / CHEQUE NO DATED AS REQUESTED AT PARA 16 ABOVE FOR RS IS ENCLOSED FOR HANDING OVER TO THE APPLICANT / REASONS FOR NON APPLICABILITY OF THE REFUND ARE STATED OVERLEAF FOR INFORMATION OF THE APPLICANT, FOR NECESSARY ACTION BY THE UNIT COMMANDER AND COMPLETION OF PARA 22.								
NAME AND RANK:								
DESIGNATION:			DATE:	SIGNATURE WITH STAMP				
RECEIPT AND COUNTER SIGNATURE								
22. THE ABOVEMENTIONED ONLINE TRANSACTION / BANK DRAFT / CHEQUE HAS BEEN RECEIVED BY ME AND HANDED OVER TO THE APPLICANT.								
DATE:	SIGNATURE OF APPLIC	ANT	DATE:	COUNTER SIGNATURE OF UNIT COMMANDER				

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