Contribution Payment Slip

PR-03 (Copy A – Employer)

Under rule 3(9) of the Employees' Old-Age Benefits (Contribution) Rule 1976

221021

Identification

1. Employer's Registration No
2. Sub Office Code
3. Employer's Name

Current Contributions

4. Contribution's Month (s): From (m m y y) To (m m y y)
5. No. of Insured Persons:
6. Total Amount Paid as **Rs** as Wages/Salaries:
7. Employer' Contributions **Rs**
8. Employee's Contributions

Arrears of Contributions

9. Demand & Show Cause No:
10. Date (m m y y)
11. Amount: **Rs**
12. Employer's Contribution Arrears for period From: (m m y y) To (m m y y)
13. Employer's Contributions **Rs:**
14. Employer's Statutory Increase **Rs:**
15. Employee's Contribution Arrears for period From: (m m y y) To (m m y y)
16. Employee's Contributions **Rs:**
17. Employee's Statutory Increase **Rs:**

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17) **Rs:**

Depositor's Name & Signature
With seal of Establishment

In Words

19. Contribution Paid Through ☐ Cash ☐ Checque/Demand Draft/Pay Order No:_____
Drawn on Bank & Branch:_____

For Bank Use Only

Branch Code:

Receipt Date: (d d m m y y)

Document No:

Credit to: EOBI Collection A/C
ECCA, NBP Branch Karachi (002)

Authorized Signature: _____

Authorized Signature: _____

Please see overleaf for Instructions

Contribution Payment Slip

PR-03 (Copy B – EOBI H/O)

Under rule 3(9) of the Employees' Old-Age Benefits (Contribution) Rule 1976

221021

Identification

1. Employer's Registration No
2. Sub Office Code
3. Employer's Name

Current Contributions

4. Contribution's Month (s): From (m m y y) To (m m y y)
5. No. of Insured Persons:
6. Total Amount Paid as **Rs** as Wages/Salaries:
7. Employer' Contributions **Rs**
8. Employee's Contributions

Arrears of Contributions

9. Demand & Show Cause No:
10. Date (m m y y)
11. Amount: **Rs**
12. Employer's Contribution Arrears for period From: (m m y y) To (m m y y)
13. Employer's Contributions **Rs:**
14. Employer's Statutory Increase **Rs:**
15. Employee's Contribution Arrears for period From: (m m y y) To (m m y y)
16. Employee's Contributions **Rs:**
17. Employee's Statutory Increase **Rs:**

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17) **Rs:**

Depositor's Name & Signature
With seal of Establishment

In Words

19. Contribution Paid Through ☐ Cash ☐ Checque/Demand Draft/Pay Order No:_____
Drawn on Bank & Branch:_____

For Bank Use Only

Branch Code:

Receipt Date: (d d m m y y)

Document No:

Credit to: EOBI Collection A/C
ECCA, NBP Branch Karachi (002)

Authorized Signature: _____

Authorized Signature: _____

Please see overleaf for Instructions

Contribution Payment Slip

PR-03 (Copy C – EOBI Region)

Under rule 3(9) of the Employees' Old-Age Benefits (Contribution) Rule 1976

Identification

221021

1. Employer's Registration No
2. Sub Office Code
3. Employer's Name

Current Contributions

4. Contribution's Month (s): From (m m y y) To (m m y y)
5. No. of Insured Persons:
6. Total Amount Paid as as Wages/Salaries: **Rs**
7. Employer' Contributions **Rs**
8. Employee's Contributions

Arrears of Contributions

9. Demand & Show Cause No:
10. Date (m m y y)
11. Amount: **Rs**
12. Employer's Contribution Arrears for period From: (m m y y) To (m m y y)
13. Employer's Contributions **Rs:**
14. Employer's Statutory Increase **Rs:**
15. Employee's Contribution Arrears for period From: (m m y y) To (m m y y)
16. Employee's Contributions **Rs:**
17. Employee's Statutory Increase **Rs:**

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17) **Rs:**

Depositor's Name & Signature
With seal of Establishment

In Words

19. Contribution Paid Through ☐ Cash ☐ Checque/Demand Draft/Pay Order No:_____
Drawn on Bank & Branch:_____

For Bank Use Only

Branch Code:

Receipt Date: (d d m m y y)

Document No:

Credit to: EOBI Collection A/C
ECCA, NBP Branch Karachi (002)

Authorized Signature: _____

Authorized Signature: _____

Please see overleaf for Instructions

Contribution Payment Slip

PR-03 (Copy D – NBP)

Under rule 3(9) of the Employees' Old-Age Benefits (Contribution) Rule 1976

Identification

221021

1. Employer's Registration No
2. Sub Office Code
3. Employer's Name

Current Contributions

4. Contribution's Month (s): From (m m y y) To (m m y y)
5. No. of Insured Persons:
6. Total Amount Paid as as Wages/Salaries: **Rs**
7. Employer' Contributions **Rs**
8. Employee's Contributions

Arrears of Contributions

9. Demand & Show Cause No:
10. Date (m m y y)
11. Amount: **Rs**
12. Employer's Contribution Arrears for period From: (m m y y) To (m m y y)
13. Employer's Contributions **Rs:**
14. Employer's Statutory Increase **Rs:**
15. Employee's Contribution Arrears for period From: (m m y y) To (m m y y)
16. Employee's Contributions **Rs:**
17. Employee's Statutory Increase **Rs:**

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17) **Rs:**

Depositor's Name & Signature
With seal of Establishment

In Words

19. Contribution Paid Through ☐ Cash ☐ Checque/Demand Draft/Pay Order No:_____
Drawn on Bank & Branch:_____

For Bank Use Only

Branch Code:
Receipt Date: (d d m m y y)
Document No:

Credit to: EOBI Collection A/C
ECCA, NBP Branch Karachi (002)

Authorized Signature: _____

Authorized Signature: _____

Please see overleaf for Instructions