



Contribution Payment Slip

PR-03 (Copy A – Employer)

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

Identification

221021

1. Employer's Registration No	<input type="text"/>	2. Sub Office Code	<input type="text"/>
3. Employer's Name	<input type="text"/>		
Current Contributions			
4. Contribution's Month (s):	From <input type="text"/>	To <input type="text"/>	
	m m y y	m m y y	
5. No. of Insured Persons:	<input type="text"/>	7. Employer' Rs Contributions	<input type="text"/>
6. Total Amount Paid as Rs as Wages/ Salaries:	<input type="text"/>	8. Employee's Contributions	<input type="text"/>

Arrears of Contributions

9. Demand & Show Cause No:	<input type="text"/>	10. Date	<input type="text"/>
		m m y y	
11. Amount: Rs	<input type="text"/>		
12. Employer's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	13. Employer's Contributions Rs: <input type="text"/>
	m m y y	m m y y	
15. Employee's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	14. Employer's Statutory Increase Rs: <input type="text"/>
	m m y y	m m y y	
			16. Employee's Contributions Rs: <input type="text"/>
			17. Employee's Statutory Increase Rs: <input type="text"/>

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17)	Rs: <input type="text"/>
Depositor's Name & Signature With seal of Establishment	_____
	<i>In Words</i>
19. Contribution Paid Through	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Demand Draft/Pay Order No: _____ Drawn on Bank & Branch: _____

For Bank Use Only

Branch Code:	<input type="text"/>	Receipt Date:	<input type="text"/>
		d d m m y y	
Document No:	<input type="text"/>		
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

Identification

221021

1. Employer's Registration No	<input type="text"/>	2. Sub Office Code	<input type="text"/>
3. Employer's Name	<input type="text"/>		
Current Contributions			
4. Contribution's Month (s):	From <input type="text"/>	To <input type="text"/>	
	m m y y	m m y y	
5. No. of Insured Persons:	<input type="text"/>	7. Employer' Rs Contributions	<input type="text"/>
6. Total Amount Paid as Rs as Wages/ Salaries:	<input type="text"/>	8. Employee's Contributions	<input type="text"/>

Arrears of Contributions

9. Demand & Show Cause No:	<input type="text"/>	10. Date	<input type="text"/>
		m m y y	
11. Amount: Rs	<input type="text"/>		
12. Employer's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	13. Employer's Contributions Rs: <input type="text"/>
	m m y y	m m y y	
15. Employee's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	14. Employer's Statutory Increase Rs: <input type="text"/>
	m m y y	m m y y	
			16. Employee's Contributions Rs: <input type="text"/>
			17. Employee's Statutory Increase Rs: <input type="text"/>

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17)	Rs: <input type="text"/>
Depositor's Name & Signature With seal of Establishment	_____
	<i>In Words</i>
19. Contribution Paid Through	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Demand Draft/Pay Order No: _____ Drawn on Bank & Branch: _____

For Bank Use Only

Branch Code:	<input type="text"/>	Receipt Date:	<input type="text"/>
		d d m m y y	
Document No:	<input type="text"/>		
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	<input type="text"/>	2. Sub Office Code	<input type="text"/>
3. Employer's Name	<input type="text"/>		

Current Contributions

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

Arrears of Contributions

9. Demand & Show Cause No:	<input type="text"/>	10. Date	<input type="text"/>
		m m y y	
11. Amount: Rs	<input type="text"/>		
12. Employer's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	13. Employer's Contributions Rs: <input type="text"/>
	m m y y	m m y y	
15. Employee's Contribution Arrears for period	From: <input type="text"/>	To: <input type="text"/>	14. Employer's Statutory Increase Rs: <input type="text"/>
	m m y y	m m y y	
			16. Employee's Contributions Rs: <input type="text"/>
			17. Employee's Statutory Increase Rs: <input type="text"/>

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17) Rs:	<input type="text"/>
Depositor's Name & Signature With seal of Establishment	_____
	<i>In Words</i>
19. Contribution Paid Through	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Demand Draft/Pay Order No: _____ Drawn on Bank & Branch: _____

For Bank Use Only

Branch Code:	<input type="text"/>	Receipt Date:	<input type="text"/>
		d d m m y y	
Document No:	<input type="text"/>		
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	<input type="text"/>	2. Sub Office Code	<input type="text"/>
3. Employer's Name			

Current Contributions

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

Arrears of Contributions

9. Demand & Show Cause No:	<input type="text"/>	10. Date	<input type="text"/>	
			m m y y	
11. Amount: Rs	<input type="text"/>			
12. Employer's Contribution Arrears for period	From:	<input type="text"/>	To	<input type="text"/>
		m m y y		m m y y
13. Employer's Contributions	Rs:	<input type="text"/>		
15. Employee's Contribution Arrears for period	From:	<input type="text"/>	To	<input type="text"/>
		m m y y		m m y y
14. Employer's Statutory Increase	Rs:	<input type="text"/>		
16. Employee's Contributions	Rs:	<input type="text"/>		
17. Employee's Statutory Increase	Rs:	<input type="text"/>		

Payment Details

18. Total Amount (7, 8, 13, 14, 16, 17)	Rs:	<input type="text"/>
Depositor's Name & Signature With seal of Establishment	_____	
	<i>In Words</i>	
19. Contribution Paid Through	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque/Demand Draft/Pay Order No: _____ Drawn on Bank & Branch: _____

For Bank Use Only

Branch Code:	<input type="text"/>	Receipt Date:	<input type="text"/>
			d d m m y y
Document No:	<input type="text"/>		
Credit to: EOBI Collection A/C ECCA, NBP Branch Karachi (002)	Authorized Signature:	_____	
	Authorized Signature:	_____	

Please see overleaf for Instructions