N	AMES OF BRANCH/UNIT SI	FORM PBA-SA-02 PECIFIED IN FORM PBA-SA-03
Security Agency:		Page No.:
BANK/F.I. CODE (Alphabetical)	BRANCH/UNIT CODE (Numerical)	NAME OF BRANCH / UNIT

Form PBA-SA-02-A ALPHABETICAL CODES OF BANKS / F.I.S TO BE USED IN FORM PBA-SA-02 & PBA-SA-03

ADVANS	Advans Pakistan Microfinance Bank Limited
ABIB	Al Baraka Bank (Pakistan) Limited
ABL	Allied Bank Limited
APNA	APNA Micro Finance Bank Limited (Formerly Network Micro Finance Bank Limited)
ASK	Askari Bank Limited
BAH	Bank AL Habib Limited
BAF	Bank Alfalah Limited
BOTM	Bank of Tokyo Mitsubishi UFJ Limited, Pakistan
BIPL	BankIslami Pakistan Limited
CITI	Citibank N.A., Pakistan
DEUT	Deutsche Bank AG, Pakistan
DBIB	Dubai Islamic Bank Pakistan Limited
FBL	Faysal Bank Limited
FINCA	FINCA Microfinance Bank Limited
FWB	First Women Bank Limited
HBL	Habib Bank Limited
HMBL	Habib Metropolitan Bank Limited
HBFC	House Building Finance Company Limited
ICBC	Industrial and Commercial Bank of China Limited
IDBP	Industrial Development Bank Limited
JSBL	JS Bank Limited
КВ	Khushhalibank Limited
МСВ	MCB Bank Limited
MCB-ISLAMIC	MCB Islamic Bank Limited
MBL	Meezan Bank Limited
MOBILINK	Mobilink Microfinance Bank Limited
NBP	National Bank of Pakistan
NIT	National Investment Trust Limited
NIBL	NIB Bank Limited
NRSP	NRSP Microfinance Bank Limited
PAIR	PAIR Investment Company Limited
PBIC	Pak Brunei Investment Company Limited
PLHC	Pak Libya Holding Company (Pvt.) Limited
POIC	Pak Oman Investment Company Limited
POM	Pak Oman Microfinance Bank Limited
PCIC	Pak-China Investment Company Limited
PKIC	Pakistan Kuwait Investment Company (Pvt.) Limited
SAMBA	Samba Bank Limited
SPIC	Saudi Pak Industrial & Agricultural Investment Company Limited
SILKBANK	Silkbank Limited
SINDHBANK	Sindh Bank Limited
SME	SME Bank Limited
SBL	Soneri Bank Limited
SCBP	Standard Chartered Bank (Pakistan) Limited
SUMMITBANK	Summit Bank Limited
TMF	Tameer Micro Finance Bank Limited
BOK	The Bank of Khyber
BOP	The Bank of Punjab
FMFB	The First MicroFinanceBank Limited
PPCB	The Punjab Provincial Cooperative Bank Limited
UMBL	U Microfinance Bank Limited (Formerly Rozgar Microfinance bank Limited)
UBL	United Bank Limited

FORM PBA-SA-03

INITIAL PARTICULARS OF GUARDS/SUPERVISORS DEPLOYED IN THE BANKING INDUSTRY

Security Agency Name:

Page No._____

Employee CNIC Number	Name	СТ	Cı	rrent Posting Particulars	ent Posting Particulars	
	Name	(G/S)	Bank / F.I. Code	Branch / Unit Code	Posting Date	
					(DD-MON-YEA	
		<u> </u>				
		<u> </u>				
		<u> </u>	<u> </u>			
		<u> </u>				
e: CT means Category; G/S means Guard/Supervisor			ļ	1		

	PBA-SA-04
	ULARS OF GUARDS / SUPERVISORS ORDS & FOR APSAA RE-VERIFICATION
EMPLOYER SECURITY AGENCY	
CNIC Number	
Name	
Joining Date	
Permanent Address	
Phone Numbers	
Residential Address	
Residential Address	
Dhana Numhara	
Phone Numbers	
Name of 1st Reference	
CNIC Number	
Relationship	
Address	
Dhana Numhan	
Phone Number Name of 2nd Reference	
CNIC Number	
Relationship Address	
Address	
Phone Number	
Name of Last Employer	-
Joining Date & Departure Date	
Employment Document Submitted	
Name of 2nd Last Employer	
Joining Date & Departure Date	
Employment Document Submitted	
Name of 3rd Last Employer	
Joining Date & Departure Date	
Employment Document Submitted	
	ee employers in last 15 years, provide further information on extra sheet)
VERIFICATION STATUS:	
CNIC	
PERMANENT ADDRESS & PHONE	
RESIDENTIAL ADDRESS & PHONE	
1ST REFERENCE	
2ND REFERENCE	
2ND LAST EMPLOYMENT	
3RD LAST EMPLOYMENT	
APSAA SIGNATURE & STAMP	
	11

Note: Date format DD-MON-YEAR

	PBA-SA-05
PARTICULARS & DOO	CUMENTS OF GUARDS / SUPERVISORS
FOR PBA I	RECORDS PURPOSES
EMPLOYER SECURITY AGENCY	
CNIC Number	
Name	
Father's Name	
Date of Birth	
Training Particulars (For Guards Training)	
Name of Training Institute	
Training Period (Specific dates: from - to)	
Name of Firing Range where last Firing	
Session Taken:	
Date of Firing Session:	
Medical Fitness Status	
Hospital / Clinic / Doctor Name	
Checkup Date	
Checkup Status (Fit / Unfit)	
Comments	
Attachments:	
CNIC Photocopy (both sides)	
Photograph (Not more than 6 months old)	
Signature & Stamp of Security Agency	

TRANSFERS & POSTINGS OF GUARDS / SUPERVISORS DURING THE MONTH

Security Agency: _____

Month:

CNIC Number	Previous Posting Details			New Posting Details		
	Bank	Branch	Exit Date	Bank	Branch	Start Date

PBA-SA-06

	PBA-SA COMPLETION OF TRAINING DURING THE YEAR				
Security Agency: Month:					
CNIC Number	Name & Address of Institute where Training undertaken	Start Date	End Date		

PBA-SA COMPLETION OF FIRING PRACTICE DURING THE YEAR				
Security Agency:				
CNIC Number	Name & Address of Firing Range where Practice undertaken	Date		

curity Agency:		Month:		
		-		
CNIC Number	Name & Address of Hospital / Clinic / Doctor where Medical checkup undertaken	Date (DD-MON-YYYY)	Checkup Statu (Fit / Unfit)	

Note: For comments on checkup status use separate sheet(s).

PBA-SA PARTICULARS OF EX-SERVICEMEN (ARMED / PARA MILITARY FORCES) GUARDS / SUPERVISORS		
EMPLOYER SECURITY AGENCY		
	_	
CNIC Number		
Name		
Joining Date		
Permanent Address		
Phone Numbers		
Residential Address	_	
	_	
	_	
Phone Numbers	_	
Name of 1st Reference	_	
CNIC Number	-	
Relationship	-	
Address	-	
	-	
	-	
Phone Number		
Name of 2nd Reference		
CNIC Number		
Relationship		
Address		
Phone Number	_	
Name of Armed Forces Unit Served	_	
Joining Date & Departure Date	_	
Last Employer (other than Armed Forces)	_	
Joining Date & Departure Date	_	
2nd Last Employer (other than Armed Forces)	-	
Joining Date & Departure Date	-	
CONFIRMATION OF VERIFICATION OF CRED		
	ove particulars have been completed by us from concerned/	
relevant departments/authorities/organization		
COMPANY AUTHORIZED SIGNATURE		

VERIFICATION STATUS	PBA-SA- S OF PARTICULARS OF GUARDS / SUPERVISORS
	FOR PBA RECORDS
EMPLOYER SECURITY AGENCY	
CNIC Number	
Name	
Joining Date	
Permanent Address	
Phone Numbers	
Residential Address	
Phone Numbers	
Name of 1st Reference	
CNIC Number	
Relationship	
Address	
Phone Number	
Name of 2nd Reference	
CNIC Number	
Relationship	
Address	
Phone Number	
Name of Last Employer	
Joining Date & Departure Date	
Employment Document Submitted	
Name of 2nd Last Employer	
Joining Date & Departure Date	
Employment Document Submitted	
Name of 3rd Last Employer	
Joining Date & Departure Date	
Employment Document Submitted	
(Where incumbent has had more than thre	e employers in last 15 years, provide further information on extra sheet)
VERIFICATION STATUS:	
CNIC	
PERMANENT ADDRESS & PHONE	
RESIDENTIAL ADDRESS & PHONE	-
1ST REFERENCE	-
2ND REFERENCE	
LAST EMPLOYMENT	
2ND LAST EMPLOYMENT	
3RD LAST EMPLOYMENT	
COMPANY SIGNATURE & STAMP	

Note: Date format DD-MON-YEAR