Instructions for Providing Data to PBA on Supporting Forms attached with the Application Form

1 Initial data on Guards / Supervisors is required on Form PBA-SA-03. This form requires Name & CNIC of the Guard / Supervisor, and the name of the Branch of the Bank / FI where the Guard is posted. CT denotes the category of the individual, and should be filled as 'G' for Guard, 'D' for Driver, and 'S' for Supervisor.

2 However, for the convenience of the Security Agencies, alphabetical Bank Codes have been provided in Form PBA-SA-02-A, so that they do not have to repeat the full Bank name with each entry, and can simply use the 2-4 digit code specified in Form PBA-SA-02-A.

3 Also, for the convenience of the Security Agencies, they need not write the full name of the deploying Branch with each entry, but may simply specify its four digit branch code. However, in this case, the branch code and the full name of the branch must be mentioned in form PBA-SA-02 once, so that PBA may track each branch code to the actual branch.

4 Forms PBA-SA-02 & PBA-SA-03 are required to be submitted to PBA for all Guards / Supervisors deployed by the Security Agency in the Banking Industry, within 15 days of enlistment.

5 Thereafter, Security Agencies will complete the minimum Credentials Verification Requirements for the Guards / Supervisors deployed in the Banking Industry, as required in Section 07.01.01 & 07.01.02 of the Guidelines within 30 days of enlistment, or as per PBA approved Schedule.

6 Within three working days of completion of the Credentials Verification, the Security Agency shall complete Form PBA-SA-04 for the concerned Guard / Supervisor in triplicate. Two copies will be sent to APSAA, in which one copy shall bear copies of verification documents for review. The third copy will be simultaneously dispatched to PBA.

7 APSAA will complete review of the documents within 30 days of receipt from the Security Agency or as per agreed schedule, and shall certify the quality of verification in the lower section of Form PBA-SA-04, and dispatch the second copy of the form to PBA.

8 Within 60 days of Enlistment on the PBA Panel, the Security Agencies shall complete Form PBA-SA-05 for each Guard / Supervisor deployed in the Banking Industry and shall forward it to PBA, along with their recent photograph and copy of CNIC.

9 Thereafter, Security Agencies will provide following information to PBA / APSAA on a regular basis:

9-a Form PBA-SA-03 will be completed for all new entrants (and existing guards / supervisors deployed in the banking industry for the first time) and provided to PBA by the seventh of each month.

9-b Verification of credentials of new entrants (and existing guards / supervisors deployed in the banking industry for the first time) will preferably be completed before their deployment in the banking industry. After completion of the verification of credentials, Form PBA-SA-04 will be completed in triplicate and forwarded to PBA and APSAA as specified in instruction No. 6 herein. Where in case of emergencies, the guards / supervisors are deployed before completion of the verification, the verification will be completed within one month of deployment and Form PBA-SA-04 submitted in three working days after verification.

9-c Form PBA-SA-05 will be completed for the fresh entrants and forwarded to PBA alongwith Form PBA-SA-04.

10 Change in the data status of the Guards / Supervisors will be notified to the PBA Secretariat each month, by the seventh of respective month, on Forms PBA-SA-06 to PBA-SA-09 as applicable.

FORM PBA-SA-02

NAMES OF BRANCH/UNIT SPECIFIED 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
KB	Khushhalibank Limited
MCB	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	CT (G/S)	Current Posting Particulars		
			Bank / F.I. Code	Branch / Unit Code	Posting Date (DD-MON-YEAR)

Note: CT means Category; G/S means Guard/Supervisor

PBA-SA-04

PARTICULARS OF GUARDS / SUPERVISORS
FOR PBA RECORDS & FOR APSAA RE-VERIFICATION

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 three 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	
APSAA SIGNATURE & STAMP	

Note: Date format DD-MON-YEAR

PBA-SA-05

PARTICULARS & DOCUMENTS OF GUARDS / SUPERVISORS

FOR PBA 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	

PBA-SA-06

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-07

COMPLETION OF TRAINING DURING THE YEAR

Security Agency: _____ Month: _____

CNIC Number	Name & Address of Institute where Training undertaken	Start Date	End Date

PBA-SA-08

COMPLETION OF FIRING PRACTICE DURING THE YEAR

Security Agency:_____ Month:_____

CNIC Number	Name & Address of Firing Range where Practice undertaken	Date

PBA-SA-09

MEDICAL CHECK-UPS COMPLETED DURING THE YEAR

Security Agency:_____ Month: _____

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

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

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 CREDENTIALS

We hereby confirm that verification of the above particulars have been completed by us from concerned/ relevant departments/authorities/organizations/persons.

COMPANY AUTHORIZED SIGNATURE

Name _____ **Date** _____