UNDERTAKING

Pension No of Mormugao Port Trust employed/unemployed in (Name of organization if employed), do hereby undertake as follows: At my request Mormugao Port Trust has agreed to make payment of pension due to me from every month by crediting to my S.B. account No with (Bank name) (Branch Name). Further , the undersigned, hereby authorizes Mormugao Port Trust to make good any amount to which I am not entitled to or any amount which may be credited to my account in excess of the amount to which I am entitled to as may be demanded by Mormugao Port Trust, Goa. I further hereby irrevocably undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Mormugao Port Trust from and against any loss, suffered or incurred by the Mormugao Port Trust in so crediting my pension to my account and to forthwith pay the same to the Mormugao Port Trust Signature Name S.B. Account No Address Pincode		I, S	Smt./S	hri				_Pens	sioner/F	amily	Per	nsionei	bearii	ng
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