MCB-ARIF HABIB
Savings and Investments Limited

PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

☐ VPS CONTRIBUTION APPLICATION FORM
☐ FORM - VPS - 03

Date: | Please write in block letters using black ink

Section 1 - Participant's Details

(Full Name in Block Letters)

Title	Mr.		Mrs.		Ms.		Registration Number (Participant)	
Participant's Name							Employer's Code (if any)	
							NTN No.	
Distinctive Account Number						-		-	-	0	1

Section 2 - Details of Investments

Payment shall only be made through "Payees Account" Cheque, Pay Order or Demand Draft in favour of Trustee of the Fund

CDC Trustee Pakistan Pension Fund ☐			OR	CDC Trustee- Alhamra Islamic Pension Fund ☐			
Investment (Rs.)			Pak Rupees (in words)				
Mode of Payment	Cheque		Pay Order		Demand Draft		Bank Transfer/ Online
Number (Chq, PO, DD)			Drawn On			Branch	
Pay-in Slip No.			Deposited in				

Section 3 - Acknowledgement/Declaration

I hereby acknowledge having read and understood the relevant Trust Deed, Offering Document, Supplementary Offering Document and the Voluntary Pension System Rules, 2005 that govern this transaction. I further acknowledge that I have no objection to the investment/allocation policy determined by the commission and I am fully aware of the risks associated with my policy. I further declare that the information I have given on this Form is complete and correct in all respects.

Participant's Signature

Section 4 - For Official Use Only

Sales Agent's Information

Sales Agent's Name	Sales Agent's Code	Remarks/Instructions	Authorised Signature

Distributor's Information

Distributor's Name	Distributor's Code	Transaction Code	Transaction Date

Name of the Authorised Person at Distribution Centre	Authorised Signatory

For Registrar Use Only

Request Form Received On	Data Verified By	Data Input By

Remarks

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