



**PAKISTAN PENSION FUND**  
**ALHAMRA ISLAMIC PENSION FUND**

REQUEST FOR EMPLOYER'S REGISTRATION FORM

FORM - VPS - 02

**Date:** \_\_\_\_\_ **Please write in block letters using black ink**

**Section 1 - Details of Employer**

Type of Institution	Company	Partnership	NGO	Trust	Others
Company Name					Phone ( )
Address					Fax ( )
City & Country	/	Postal Code			Business Nature
Company Reg. No.				Date of Incorporation	/ /
Authorised Person's Name 1					Phone (Dir) ( )
Email Address					Cell
Authorised Person's Name 2					Phone (Dir) ( )
Email Address					Cell
Authorised Person's Name 3					Phone (Dir) ( )
Email Address					Cell
Authorised Person's Name 4					Phone (Dir) ( )
Email Address					Cell
Total Number of Employees			Number of Employees Enrolled		

**Section 2 - Authorised Signatories**

Specimen Signature 1	Specimen Signature 2	Specimen Signature 3	Specimen Signature 4

**Section 3 - For Official Use Only**

Facilitator's Information			
Facilitator's Name	Facilitator'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 Signature
For Registrar Use Only			
Request Form Received On	Data Verified By	Data Input By	
Remarks			

Attach list of all authorised signatories in case of more than four signatories.