

Employer and Third Party Contribution Form

Date: _____

EMPLOYER / THIRD PARTY DETAILS

*Company Name:	
*Company Registration Number:	
*Registered Address:	
*UIN No:	*NTN No:
*Office Phone:	
Fax Number:	Company Website:
Industry Category: <input type="checkbox"/> Commercial Bank <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Insurance <input type="checkbox"/> FMCG <input type="checkbox"/> Other (Please Specify)	
*Total Number of Employees:	*Total Number of Employee Participants:
*Primary Contact Person Name:	Designation:
*Contact Number:	*Email:
Alternate Contact Person Name:	Designation:
Contact Number:	Email:

CONTRIBUTION DETAILS

*Contribution Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly							
*Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order <input type="checkbox"/> Other: (Provide online/RTGS reference No. and receipt copy)							
Cheque/DD/PO/Ref. No.:			Date:		Drawn On (different from above mentioned bank):		
Contribution made on behalf of:							
Sr No	Registration No	Participant Name	CNIC No	Contribution Amount (Rs.)	Contribution Amount Breakup		Front End Load (%)
					Employer	Employee	

Note: For Contributions made on behalf of multiple participants, attach a sheet with the details given in the table format above

DECLARATION

I/We hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001. Further, I/we hereby ratify that the information provided in this form is correct. I/We understand that I/we shall have no claim/entitlement to the contributions made on behalf of the Individual Pension Fund Account Holders. I/We agree to update PQFTL Funds on any changes in contribution amount or any additions and deletions in employees participating in PQFTL Pension Fund within 7 days of such change or with the subsequent contribution payment. I/We will not hold PQFTL Funds responsible due to any delay in notifying any changes. I/We also confirm that I/We have understood the details of sales load to be deducted (if any) including taxes, and have informed the Individual Pension Fund Account Holders of the same.

Official Company Stamp is required

Authorized Signature

Authorized Signature

Authorized Signature

Authorized Signature

FOR OFFICIAL USE ONLY

Date (DD / MM / YYYY): _____ Time: _____ AM / PM Branch / Distributor Name: _____

Form reviewed and checked by: _____ Data entered by: _____

Stamp & Signature of the Branch Manager / Authorized Official

DOCUMENT CHECKLIST

- ☐ List of authorized signatories with specimen signatures on company letterhead with company stamp
- ☐ Certified True Copy of Provident Fund Trustees' Board resolution authorizing investment in PQFTL Pension Fund, if applicable
- ☐ Copy of CNIC of authorized signatories & contact person
- ☐ Dully filled Registration Forms for each employee participating in Faysal Pension Fund/ Faysal Islamic Pension Fund (in case of employer contribution on behalf of employee)
- ☐ Memorandum and Articles of Association / Bye Laws / Trust Deed