





## **Participant Contribution Form**

Date:			
PARTICIPANT DETAIL			
Name:			
Portfolio No:			
CONTRIBUTION DETAILS			
Amount (Rs):	In words:		
Front End Load (%):			
Mode of Payment: Cheque Deman	ıd Draft Pay Order C	Other:	(Provide online/RTGS reference No. and receipt copy)
Cheque/DD/PO/Ref. No.:	Dated	Drawn on	
Note: Additional KYC details/documents may be a	asked by PQFTL if required.		
DECLARATION:			
Rules, 2005 and the Income Tax ordinance, 20	VI. Teomini diae mave dingersion	of that sales load of 5/000 be det	acced plus applicable taxes.
Participant's Signature		Pate	
FOR OFFICIAL USE ONLY			
Date (DD / MM / YYYY):		Time:	: AM/PM
Branch / Distributor Name:		Form reviewed and checked by	y;
Data entered by:			
Stamp & Signature of the Branch Manager / Au	thorized Official		



Contribution Details:Payment shall be made in favour of "CDC Trustee - Pak-Qatar Islamic Pension Fund" as applicable.