

CHANGE	OF	DENICIONI	THEFT	BEARTA	CED
CHANC-H		PHINNI	HIINI	VIANA	CHR

FORM AGIML VPS-04

* Mandatory Fields	Select Pension Scheme: □ AGHP Islamic Pension Fund □ AGHP Pension Fund						
PARTICIPANT INFORMATION:  Please write in BLOCK LETTERS using black ink							
*Name:	*CNIC/NICOP / Passport N	io					
*Participant Registration No.							
Effective Date of Transfer (Anniversary Date):							
TRANSFER DETAILS TO ANOTHER PENSION FUN	D MANAGER/PENSION FUND:						
☐ Transfer to another Pension Fund Manager, registered pension, provident, gratuity scheme, Family Takaful company:  (Attach copy of Participant Registration Form submitted to new Pension Fund Manager, if applicable)							
Name of Scheme/Fund:	Name of Pension Fund Manager	r/Company:					
Amount being Transferred: Rs	In Words.	Percentage:%					
Account Information (No./Folio/Scheme etc.): Bank Account Title:							
TRANSFER DETAILS FROM ANOTHER PENSION	UND MANAGER/PENSION FUND:						
Transfer from another Pension Fund Manager, registered pension, provident, gratuity scheme, Family Takaful company:  (Attach Participant Registration Form and copy of change of Pension Fund Manager Form submitted to previous Pension Fund Manager, if applicable)							
Name of Scheme/Fund:	Name of Pension Fund Manager	r/Company:					
Amount being Transferred: Rs	_ In Words	Percentage:%					
Account Information (No./Folio/Scheme etc.):							
DECLARATION:							
I hereby agree to comply with the provisions of the respective Trust Deed, Offe	ng Document, Participant Registration Form, the Voluntary P	ension System Rules, 2005 and the Income Tax ordinance, 2001.					
Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of						
	Investor with unstable signature or thu						
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager Witn	Witnesses (Adult Male Persons only)					
Determina impression	Nam	ne:					
	CNI	C:					
	Sign	ature:					
	Nam	Name:					
		C:					
		Signature:					
Investment Facilitator / Distributor Details (For Official Use Only)							
Distributor/Facilitator Name	Code	Distributor's Stamp with date					
Branch Name	City	and time					
Investor Services / Registrar Details (For Office Use Only)							
Date and Time Stamping Form received by	Name and Signature						

Name and Signature

Name and Signature

Note: Please note that Change of Pension Fund Manager/Pension Fund can only be changed once in a year, through this form.

Data input by

Date, Form and attachments verified by