

PARTICIPANT CONTRIBUTION FORM	FORM AGIML VPS-03

* Mandatory Fields	Select Pension Scheme: AGHP Islamic Pension Fund											
PARTICIPANT INFORMATION: Please write in BLOCK LETTERS using black ink											nck ink	
*Name:	*CNIC/NICOP / Passport No.											
*Participant Registration No. (In case of employer's contribution, attached list)											hed list)	
CONTRIBUTION DETAILS:												
Amount: Rs Amount in Words:												
Mode of Payment: ☐ Cheque ☐ Demand Draft ☐ Pay Order	Cheipt copy)	Cheque/DD/PO/Ref. No.: Dated:										
Drawn On:												
DECLARATION:												
I 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.												
Individual Investor	Individual Investor Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression											
Principal Applicant's Signature /	h Manager			dult Ma	ale Pers	ons onl	y)					
Left Hand Thumb Impression			Name:	Name:								
				CNIC:								
				Signature:								
·			l l	Name:								
				CNIC:								
		Signat	Signature:									
<u> </u>												
Investment Facilitator / Distributor Details (For Official Use Only)												
Distributor/Facilitator Name							Dist	tributor's		with (date	
Branch Name		City		and time								
Investor Services / Registrar Details (For Office Use Only)												
Date and Time Stamping Form received by	N	Name and Signature										
Date, Form and attachn	nents verified by N	Name and Signature										
Data input by	N	Name and Signature										

Contribution Details: Payment shall be made in favour of "CDC Trustee – Alfalah GHP Islamic Pension Fund" or "CDC Trustee – Alfalah GHP Pension Fund" as applicable.