

[illegible]

1. Employer / Corporate Contributor Details

Company Name _____		Company Registration No. _____	
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 _____
Total Number of Employees _____		Total Number of Employee participants _____ <i>(Please specify)</i>	
Primary Contact Person Name _____		Designation _____	
Contact Number _____		Email _____	
Alternate Contact Person Name _____		Designation _____	
Contact Number _____		Email _____	

Declaration & Signature(s)

I/We hereby acknowledge that I/we have fully understood all the notes; and the provisions of the Trust Deed and Offering Document of the Fund. Further, I/We here by 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 NBP Funds Managers on any changes in contribution amount or any additions and deletions in employees participating in NAFA Pension Fund within seven (7) days of such change or with the subsequent contribution payment. I/We will not hold NBP Funds Managers responsible due to any delay in notifying any changes. I/We agree to update NBP Funds on any changes in particulars/ circumstances including change in primary contact person or person dealing with contribution payments or any authorized signatories details on a timely basis.

_____ Authorized Signature	_____ Authorized Signature
_____ Authorized Signature	_____ Authorized Signature

Date

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 (dd - mm - yy)

Note: Official company stamp is required

2. Contribution Details (Employer/Corporate)

Frequency of Regular Contribution: ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Employer's Total contribution (Rs.) _____ Employee's total contribution (Rs.) _____

If any other arrangement please specify _____

Preferred Mode of Payment ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Account Transfer

(Drawn on) Bank Name _____ Branch Name & Code _____

Contribution made on behalf of (Participant Name) _____ **Customer ID** _____

(For contributions on behalf of multiple participants, attach a sheet with the details given in the following table format)

Serial No.	Participant Name	CNIC No.	Name of Pension Fund	Contribution Amount (Rs.)	Contribution Amount Breakup	
					Employer	Employee

Note:

1. This format should be used for both initial and regular contributions by the employer for its employees.
2. Please update NBP Funds on any changes in contribution amount or any additions and deletions in employees participating in the Pension Fund within seven (7) days of such change or with the subsequent contribution payment.
3. Please update NBP Funds on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payments or any authorized signatories details on a timely basis.
4. For new inductions, please also attach duly filled Account Opening Form for each participant

3. FOR OFFICE USE ONLY

3. FOR OFFICE USE ONLY					
Distributor/Facilitator Name/ Code	Signature of Distributor/Facilitator	Date & Time	Form Received on (Date & Time)	Particulars Verified By Name & Signatures	Data Input By

4. NBP Sales Reffered By

Name	CNIC No:	NBP Employee card No.	NBP Branch address & Code



NBP FUNDS

Managing Your Savings

NBP FUND MANAGEMENT LIMITED

Instructions & Guidelines

1. This form is for use by employers for making contributions in the Pension Fund accounts of their employees.
2. Payment can be made in the form of cheque, demand draft, pay order or online account transfer, Cash will not be accepted.
3. Payment shall be made in favor of 'CDC-Trustee (NAFA Pension Fund)' or 'CDC Trustee (NAFA Islamic Pension Fund)' and crossed "Account Payee" only.
4. Front-end fee (sales load) shall be applied to all contributions to individual pension accounts as per the Offering Document of the Fund. However no Front-end Load shall be charged to such participants who transfer their individual pension accounts, partially or wholly, from another pension fund, as per policies approved by the Commission and issued by Life Insurance Companies before June 30, 2005.
5. Minimum contribution amount as per details provided in the Offering Document of the Fund is Rs. 10,000 for new account and Rs. 1,000 for an existing account.
6. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
7. Application will be processed as per cut-off timings for the Fund.

Document Checklist

First time employer contribution would be accompanied by the following documents. If one or more of the documents are missing, the application may be declined or processed with a delay.

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| <input type="checkbox"/> Copy of Memorandum and Articles of Association/Bye Laws/Trust Deed | <input type="checkbox"/> Power of Attorney & Board Resolution or other Appropriate Resolution (Certified True copy) authorizing contribution in NAFA Pension Fund |
| <input type="checkbox"/> Copy of CNIC of the signatories, Directors & of primary contact dealing with contribution payments | <input type="checkbox"/> List of authorized signatories with specimen signatures |
| <input type="checkbox"/> Duly filled Account Opening Forms for each employee participating in Pension Fund (incase of 'Employer Contribution') | |