

EMPLOYER APPLICATION FORM

VPS-02

\* Mandatory Fields

Select Pension Scheme: ☐ AGHP Islamic Pension Fund ☐ AGHP Pension Fund ☐ Both

This form is to be completed by the employer. In addition, the employer would be required to attach duly filled Participant Registration Form for each employee joining the pension funds.

EMPLOYER DETAILS: 

Please write in BLOCK LETTERS using black ink

\*Company Name:

\*NTN No.: 

SECP Registration No.:

\*Address:

\*Phone No.:

Cell No:

Email:

Fax No.:

\*Type of Company: ☐ Partnership ☐ Sole Proprietorship ☐ Joint Stock ☐ Club Society/Association ☐ Trust ☐ Executors/Administrators ☐ Government ☐ Others (specify): \_\_\_\_\_

\*Type of Organization: ☐ Takaful Company ☐ NBFC ☐ Provident Fund ☐ Pension Fund ☐ Public Limited Company ☐ Commercial Bank ☐ DFI ☐ Others (specify): \_\_\_\_\_

(Optional)  
Name of Chief Executive Officer: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Primary Contact / Dealing Officer Details:

Specimen Signature of Primary Contact / Dealing Officer:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

EMPLOYEE CONTRIBUTION DETAILS:

No. of employees joining: 

AGHP Islamic Pension Fund \_\_\_\_\_

AGHP Pension Fund \_\_\_\_\_

- For each employee joining a pension/islamic pension fund separate Participant Registration Form must be submitted.

- On each transaction of employer, list of Participants invested should be submitted on letter head signed by authorized signatories (as per the following format).

Reg. No.

Name of Employee

CNIC/NICOP No.

Name of Pension Fund

Contribution Amount (Rs.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contribution Amount: Rs. \_\_\_\_\_

Amount in Words:

Mode of Payment: ☐ Cheque ☐ Demand Draft ☐ Pay Order ☐ Other: \_\_\_\_\_

Cheque/DD/PO/Ref. No.:

Dated:

(Provide online/RTGS reference No. and receipt copy)

Drawn On:

Contribution Frequency: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

DECLARATION AND CONFIRMATION:

1. We agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matters of the Pension Fund and also abide by the terms, conditions, rules, regulations and other statutory requirements applicable to Alfalah Asset Management Limited and the respective Funds

2. We agree in respect of our employees who are members of the pension funds to pay the contributions amounts of both employer and employee in due time.

3. We agree to keep Alfalah Asset Management Limited updated on all changes in the contribution amounts of any employee, or any additions or deletions in the number of employees participating in the pension funds, or changes in any circumstances/particulars including change in primary contact person or person dealing with contribution payments or any authorized signatories on a timely basis and shall not hold Alfalah Asset Management Limited responsible in case of delay in notifying such changes.

4. We hereby agree to provide any additional information/documentation that may be required by the Alfalah Asset Management Limited, in connection with this form and understand that it is our responsibility to keep Alfalah Asset Management Limited updated and inform Alfalah Asset Management Limited of any change of any particulars/circumstances/contact persons/signatory details.

Name of Signatory No. 1

CNIC No.

Signature

Date & Company Stamp

Name of Signatory No. 2

CNIC No.

Signature

Name of Signatory No. 3

CNIC No.

Signature

Name of Signatory No. 4

CNIC No.

Signature

Individual Investor

Principal Applicant’s Signature / Left Hand Thumb Impression

Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression

Attestation of Branch Manager

Witnesses (Adult Male Persons only)

Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

Signature: \_\_\_\_\_

Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name

Code

Distributor’s Stamp with date and time

Branch Name

City

Investor Services / Registrar Details (For Office Use Only)

Date and Time Stamping

Form received by

Date, Form and attachments verified by

Data input by

Name and Signature

Name and Signature

Name and Signature

V-2025/6/23