

PARTICIPANT CONTRIBUTION FORM

VPS-03

* 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 No.

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*Participant Registration No.

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 (In case of employer's contribution, attached list)

CONTRIBUTION DETAILS:

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: _____

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.
I/We acknowledge that I/We have read the Key Fact Statement at the time of investment, and I/We have read and understood the terms and conditions to the best of my/our knowledge and have retained a copy of the same.

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 / Left Hand 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	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	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.

V-2025/6/23