MCB FUNDS
Investments for Life

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنایئے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

PAKISTAN PENSION FUND ☐
ALHAMRA ISLAMIC PENSION FUND ☐

REQUEST FOR CHANGE IN THE PENSION FUND MANAGER FORM

FORM - VPS - 04

Date:	Please write in block letters using black ink

Section 1 - Participant's Details

Participant's Name			
Registration Number		NTN No.	
Distinctive Account Number			- - - 0 1

Section 2 - Transfer Amount Details

Unit Type (If no / incorrect unit Type is selected, unit as per statement of account will be transferred)	Amount to be transferred (Rupees)	
	In Figures	In Words
☐ Provident Fund		
☐ Non Provident Fund		
☐ Income Payment Plan		

Section 3 - New Pension Fund Manager Details

Name of Pension Fund Manager			
Address			
City		Telephone	
Registration Number			
Fund Name		Investment Scheme Name	
Bank Account No.		Bank Account Title	

Section 4 - Declaration and Signatures

I, the undersigned, hereby declare that:

a. I understand that this request for change in the pension fund manager will be processed in accordance with the terms and conditions as mentioned in the Constitutive Documents of the Pension Fund;

b. I understand that seventh (7th) working day starting from the date of submission of this request will be treated as Effective Date of Transfer;

c. I understand that amount to be transferred will be calculated as per the NAV applicable at the close of the Effective Date of Transfer. If the Effective Date of Transfer is not the business day then the applicable NAV of the following Business Day will be used.

d. I understand that once the request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled;

e. I understand that transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed on the next Business Day. I have seen the Cut-Off Timings of the Pension Fund available at the download section of the website (www.mcbfunds.com);

f. I understand that the Pension Fund Manager reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my identification document(s). I hereby allow the Pension Fund Manager to confirm my identity using identity verification services of NADRA. I will not hold the Pension Fund Manager liable or responsible in any manner; and I hereby allow the Pension Fund Manager to verify my bank account number(s) and mobile number(s) through independent sources. I will not hold the Pension Fund Manager liable or responsible in any manner.

Participant's Applicant Signature / Left Hand Thumb Impression	In case of investor having thumb impression or unstable/shaky/immature signature, Attestation of gazetted officer (BPS-17 and above)/ branch manager of the bank/ notary public/ authorized officer of the MCBIM and two adult male witnesses shall be required. A passport size photograph will also be obtained from such investor.	
	Attestation of Branch Manager	Witnesses (Adult Male Persons only) Name: _____ CNIC: _____ Signature: _____ Name: _____ CNIC: _____ Signature: _____

Section 5 - For Official Use Only

Distributor's Name	Distributor's Code	Transaction Code	Transaction Date
Name of the Authorised Person at Distribution Centre			Authorised Signatory
Request Form Received On	Data Verified By	Data Input By	

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