

PAKISTAN PENSION FUND ☐

ALHAMRA ISLAMIC PENSION FUND ☐

REQUEST FOR EMPLOYER'S REGISTRATION FORM

FORM - VPS - 02

Date:

Please write in block letters using black ink

1 - DETAILS OF EMPLOYER

Type of Institution	Company		Partnership		NGO		Trust		Others	
Company Name									Phone	
Provident Fund	<input type="checkbox"/> Recognized or <input type="checkbox"/> Non-Recognized									
Address										
City & Country	/			Postal Code				Business Nature		
Company NTN/Registration No.						Date of Incorporation				
Contact Person Name						Contact Person Designation				
Contact Person Mobile Number						Contact Person Email Address				

Name and Signatures of Authorized Signatories

1. Name										Specimen Signature																				
CNIC No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										Mobile No.				
Designation					Email Address																									
2. Name										Specimen Signature																				
CNIC No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										Mobile No.				
Designation					Email Address																									
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Designation					Email Address																									
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Designation					Email Address																									
Total Number of Employees						Number of Employees Enrolled																								
Account Opening of the Employees	<input type="checkbox"/> Digital or <input type="checkbox"/> Physical																													

2 - DETAILS OF INVESTMENT ALLOCATION SCHEME

I/We, the Authorized Signatory(ies), hereby instruct to the Pension Fund Manager that all future contributions received from employees of my/our Institution ("Employees") will be processed in the Investment Allocation Scheme selected below. Employees are allowed to change this selected Investment Allocation Scheme by submitting relevant application form to the Pension Fund Manager.

HIGH VOLATILITY				MEDIUM VOLATILITY				LOW VOLATILITY				LOWER VOLATILITY			
√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET
<input type="checkbox"/>	80%	20%	NIL	<input type="checkbox"/>	50%	40%	10%	<input type="checkbox"/>	25%	60%	15%	<input type="checkbox"/>	NIL	60%	40%
<input type="checkbox"/>	65%	35%	NIL	<input type="checkbox"/>	35%	55%	10%	<input type="checkbox"/>	10%	75%	15%	<input type="checkbox"/>	NIL	40%	60%

3 - AUTHORISED SIGNATORIES

Signature 1

Signature 2

Signature 3

Signature 4

4 - FOR OFFICIAL USE ONLY

Facilitator's Information

Facilitator's Name	Facilitator's Code	Remarks/Instructions	Authorised Signature

Distributor's Information

Distributor's Name	Distributor's Code	Transaction Code	Transaction Date
Name of the Authorised Person at Distribution Centre			Authorised Signature

For Registrar Use Only

Request Form Received On	Data Verified By	Data Input By
Remarks		
Attach list of all authorised signatories in case of more than four signatories.		

MCB INVESTMENT MANAGEMENT LIMITED

Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi

UAN: (+92-21) 111 468 378 (111 INVEST)

URL: www.mcbfunds.com, Email: info@mcbfunds.com

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