

Name of Pension Fund

Date
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HBL PensionFund HBL IslamicPensionFund

Employer / Corporate Contribution Details

Company Name Co. Registration No.

Registered Address NTN No.

Tel. (Off.) Fax Website

Industry Category Commercial Bank Government Education Insurance FMCG Other

Total No. of Employees Total No. of Employees joining the Fund

Primary Contact Person Name Designation

Contact No. E-mail(s)

Alternate Contact Person Name Designation

Contact No. E-mail(s)

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 hereby ratify that the information provided in this form is correct. I/We understand that I/We shall have no claim/entitlement to the contribution made on behalf of the Individual Pension Fund Account Holders. I/We agree to update HBL Asset Management Limited on any changes in contribution amount or any additions and deletions in employees participating in the Fund within seven (7) days of such change or with the subsequent contribution payment. I/We will not hold HBL Asset Management Limited responsible due to any delay in notifying any changes. I/We agree to update HBL Asset Management Limited on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payment or any authorised signatories details on a timely basis.

Authorised Signature

Authorised Signature

Authorised Signature

Date
 d d / m m / y y y y

Authorised Signature

Note: Official company stamp is required

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

Note:

1. For each participant attach a sheet with the following details in the format given below.
2. This format should be used for both initial and regular contributions.
3. Please update HBL Asset Management Limited on any changes in contribution amount or any additions and deletions in employees participating in HBL PensionFund within seven (7) days of such change or with the subsequent contribution payment.
4. Please update HBL Asset Management Limited on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payments or any authorised signatories details on a timely basis.
5. For new inductions, please also attach duly filled Registration Form for each participant

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

Third Party Contributor & Contribution Details (On behalf of Participant)

Name Mr./Mrs./Ms. CNIC/NICOP No.

Mailing Address

City Country E-mail Address

Tel. (Res.) Tel. (Off.) Mobile

Contribution made on behalf of Folio No. of Participant

Contribution Amount (Rs.) In Words

Cheque/DD/PO No. (Drawn on) Bank Name & Branch

I, (the Participant), hereby authorise third party contributor (mentioned above) to make contribution in my Individual Pension Fund Account on my behalf.

Participant's Signature

Declaration & Signature

I hereby acknowledge that I have fully understood all the notes and the provisions of the Trust Deed and Offering Document of the Fund. Further, I hereby ratify that the information provided in this form is correct. I understand that I shall have no claim/entitlement to the contributions made on behalf of the Individual Pension Fund Account Holder.

Date
 / /

Third Party Contributor's Signature

Instructions & Guidelines

- Cash will not be accepted.
- Payment can be made in the form of cheque, demand draft, pay order or online account transfer.
- Payment shall be made in favour of "CDC Trustee HBL PensionFund" or "CDC Trustee HBL IslamicPensionFund", as the case may be and crossed "Account Payee" only.
- Front-end fee (sales load) shall be applied to all contributions to individuals 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, maintained with another pension fund manager, to or transfer from pension policies approved by the Commission under Section 63 of the Income Tax Ordinance, 2001 and issued by Life Insurance Companies before June 30, 2005.
- Minimum contribution amount as per details provided in the Offering Document of the Fund.
- It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- Application will be processed as per cut-off timings for the Fund.
- In case of partnership firm, application shall be made in the name of partner(s).

Documents Checklist

- Memorandum and Articles of Association/By Law/ Trust Deed
- Power of Attorney & Board Resolution (Certified True Copy) authorising contribution in the Fund
- CNIC/NICOP Copy of signatories & of Primary Contact dealing with contribution payments
- List of Authorised Signatories with specimen signatures
- Duly filled Registration Forms for each employee participating in the Fund (in case of "Employer Contributor")
- Form A / Form C
- Form 29
- List of Directors/Trustees with Valid CNIC/NICOP Copy.
- FATCA Declaration (if required)

Official Use Only

Distributor Name Distributor Code

Application Processed by Purchase ID. User ID.