

VPS CONTRIBUTION APPLICATION FORM

FORM - VPS - 03

Please ensure that your app رایس ایم ایس مطلع کریں گے۔											<u> </u>												
Date:															Р	lease	e writ	e in b	lock	etters	using	blac	k ink
(Full Name in Block Letters)																							
Title	Mr. Mrs. Ms. Registration Number (Participant)																						
Participant's Name		•	•								Employer's Code (if any)												
Participant s Name														NTN No									
Distinctive Account Number 0 1								1															
Section 2 - Details of Investments																							
			Payment sl	nall only b	e made t	through	"Payee	es Accou	nt" Chec	jue, Pay	y Order o	or Dema	ind Draft	in favou	r of Trust	ee of th	e Func	I					
Cheque/PayOrde/Demand Draft Title CDC Trustee Alhamra Islamic Pension Fund																							
Investment (Rs.)					Front End Load (%)								%										
Pak Rupees (in words)													-										
Mode of Payment	Cheque			Pay Order						Demand Draft							Bank Transfer/ Online						
Number (Chq, PO, DD)	DD)			Drawn On				1						Branch			1						
Pay-in Slip No.	-in Slip No.									sited in													
Section 3 - Acknowledgement/Declaration																							
 b) I have no objection to the investment/ allocation policy determined by the commission and I am fully aware of the risks associated with my policy. c) The information mentioned on this Form is complete and correct in all respects. d) I have reviewed the Total Expense Ratio, Management Fee percentage and Sales Load percentages of the Scheme as disclosed on the website link: www.mcbfunds.com/statutory-disclosures-for-unit-holders e) I have been provided with the latest Fund Manager Report (FMR) of the Scheme(s) at the time of contribution f) I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my/our identification document(s). I/We hereby allow the Management Company to confirm my/our identity using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner. g) I/We hereby allow the Management Company to verify my/our bank account number(s) and mobile number(s)through independent sources. I/We will not hold the Management Company liable or responsible in any manner. 																							
Section 4 - For Official Use Only																							
Sales Agent's Information								Section	4 - For (Unicial	Use Or	пу											
Sales Agent's Name				Soloo Agont'o Codo				Remarks/Instru					ructions	uctions				Authorised Signature					
Sales Agent's Ivalle				Sales Agent's Code				Remarks/ins				11130					Autorised Signature						
Distributor's Information																							
Distributor's Name				Distributor's Code					Transa				saction C	action Code				Transaction Date					
Name of the Authorised Person at Distribution Centre Authorised Sig							ignatory	ory															
For Registrar Use Only																	1						
Request Form Received On				Data Verified By								Data Input By											
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Remarks

Load Details Of Voluntary Pension Scheme									
Name of Voluntary Pension Scheme	Type of scheme	Front-End Load							
Pakistan Pension Fund	Conventional	Upto 3%							
Alhamra Islamic Pension Fund	Shariah Compliant	Upto 3%							



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V-2023/12/21