

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 بنائیے 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

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REQUEST FOR EMPLOYER'S REGISTRATION FORM

FORM - VPS - 02

Date:

Please write in block letters using black ink

Section 1 - Details of Employer

Type of Institution	Company		Partnership		NGO		Trust		Others	
Company Name									Phone	(    )
Address									Fax	(    )
City & Country	/			Postal Code				Business Nature		
Company Reg. No.					Date of Incorporation				/    /	
Authorised Person's Name 1									Phone (Dir)	(    )
Email Address									Cell	
Authorised Person's Name 2									Phone (Dir)	(    )
Email Address									Cell	
Authorised Person's Name 3									Phone (Dir)	(    )
Email Address									Cell	
Authorised Person's Name 4									Phone (Dir)	(    )
Email Address									Cell	
Total Number of Employees					Number of Employees Enrolled					

Section 2 - Authorised Signatories

Specimen Signature 1

Specimen Signature 2

Specimen Signature 3

Specimen Signature 4

Section 3 - 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

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