

Voluntary Pension Schemes Employer and 3rd Party Contribution Form

Date: _____

Section 1: Corporate Contributor Details

Registered Company Name: _____ Registered Company Number: _____
 Registered Address: _____
 Contact Person Name: _____ Alternate Contact Name: _____
 Cell No.: _____ Phone No.: _____ Email: _____
 Industry: Commercial Bank Insurance Investment Bank Other Financial Services Education Government
 Manufacturing Services FMCG Welfare/Social Organization Telecom Other
 Total No. of Employees: _____

Declaration: I/We hereby acknowledge that I/we have fully understood all the reference notes, and the provisions of the Trust Deed and Offering Documents. Further, I/we hereby ratify that the information provided on this Form is correct. I/We understand that I/we shall have no claim/entitlement to the contributions made on the behalf of the Individual Pension Fund account holders.

Authorized Signatures: _____ Authorized Signatures: _____ Authorized Signatures: _____ Authorized Signatures: _____
 Name: _____ Name: _____ Name: _____ Name: _____

Section 2: 3rd Party Contributor (on behalf of Participant(s))

Name: _____ CNIC / Passport Number: _____
 Address: _____
 Cell No.: _____ Phone No.: _____ Email: _____

Declaration: I hereby acknowledge that I have fully understood all the reference notes, and the provisions of the Trust Deed and Offering Documents. Further, I hereby ratify that the information provided on this Form is correct. I understand that I shall have no claim/entitlement to the contributions made on the behalf of the Individual Pension Fund account holders.

Signature: _____

Section 3: Purchase and Payment Details

Name of Voluntary Pension Scheme: JS Pension Savings Fund (JSPSF) JS Islamic Pension Savings Fund (JSIPSF)
 Total Contribution Amount (figures): _____ Total Contribution Amount (in Words): _____
 Total No. of Participant(s) on behalf of whom Contribution is being made: _____

Payment Mode	Date of Instrument	Instrument No.	Bank Name	Branch Name	Amount (In Figures)
<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order/ Draft <input type="checkbox"/> Online					

Note: The contribution(s) will be allocated in the "Allocation Scheme(s)" chosen by the Individual Pension Fund Account Holders at the time of Account Opening, or as later

Reference Notes

Documents Required for Employer Contributions: (1) Memorandum and Articles of Association/Bye Laws / Trust Deed, (2) Power of Attorney or Board Resolution (Certified True Copy) authorizing the person(s) signing the Form, (3) CNIC(s) of the signatories ● All transaction amounts and Unit(s) are subject to levies, duties, charges, etc. as per the relevant statutes enforced for the time being in Pakistan. ● Front-end Load of up to 3% (excluding duties and charges) shall be applied to all contributions to participants' individual pension accounts ● All Forms shall be signed by the authorized person(s) and shall contain the company stamp ● **Cash and/or Bearer instruments are not accepted.** ● Transactions will not be processed if payment instrument(s) is/are not realized. ● Management Company or Trustee has the right to reject application in accordance with the Trust Deed and/or Offering Document.

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____
 Relationship Manager: _____ Comments: _____

Proof of Employer or 3rd Party Contribution in VPS - (Investor's Copy)

Contributor Name / Title: _____ Date: _____
 Contribution Details: 1. JS Pension Savings Fund Total Contribution Amount: _____
 2. JS Islamic Pension Savings Fund Total Contribution Amount: _____
 Channel Partner: _____ Relationship Manager: _____
Receiving Stamp & Signature:

Section 4: Contribution Details

Payment Frequency: Monthly Quarterly Semi-Annually Annually

No.	Participant's Name	CNIC Number	Contribution Amount (in figures)
1			
2			
3			
4			
5			
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Note: For additional Participants, please photocopy and attach to this Form.

Authorized Signatures: _____ Authorized Signatures: _____ Authorized Signatures: _____ Authorized Signatures: _____
 Name: _____ Name: _____ Name: _____ Name: _____