

ABL Pension Fund

 ABL Islamic Pension Fund

 Date - -
 (dd - mm - yy)

General Instructions

1. This form is for use by individual applicants who wants Employer to contribute to the Pension plan account with ABL Asset Management Company Ltd. (ABL AMC)
2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory
3. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms
4. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable)
5. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document of ABL Pension Fund/ABL Islamic Pension Fund
6. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
7. Applications complete in all respects and carrying necessary documentary attachments should be submitted at any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMC's Head Office: First Floor, 11-B, Lalazar, M.T. Khan Road, Karachi
8. For assistance in filling this form or information about our products and services call toll free at 0800 22526 or email contactus@ablamc.com

Guidelines

1. Cash will not be accepted
2. Payment can be made in the form of a cheque, demand draft, pay order or via through online account transfer
3. Payment shall be made in favor of 'CDC-Trustee ABL Pension Fund/ABL Islamic Pension Fund' and crossed "Account Payee" only
4. Front-end fee (sales load) shall be applied to all contributions to individual 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 managers, to or transfer from pension policies approved by the by the Commission under Section 63 of the Income Tax Ordinance, 2001 and issued by Life Insurance Companies before June 30, 2005
5. Minimum contribution amount as per details provided in the Offering Document of the Fund
6. It should be responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
7. Application will be processed as per cut-off timings for the Fund.
8. In case of partnership firm, application shall be made in the name of partner(s)

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

- | | |
|--|--|
| <input type="checkbox"/> Memorandum and Articles of Association/Bye Laws/Trust Deed | <input type="checkbox"/> Power of Attorney & Board Resolution/Trustee Resolution (Certified True copy) authorizing contribution in Funds |
| <input type="checkbox"/> Copy of CNIC of the signatories & of primary contact dealing with contribution payments | <input type="checkbox"/> List of authorized signatories with specimen signatures |
| <input type="checkbox"/> Duly filled Registration Forms for each employee participating in Funds (in case of 'Employer Contributor') | |

1 Employer / Corporate Contributor Details

Company Name <input type="text"/>	
Registered Address <input type="text"/>	NTN No. <input type="text"/>
Office Phone <input type="text"/>	Fax Number <input type="text"/>
Company Website <input type="text"/>	
Status <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd. Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Autonomous body <input type="checkbox"/> Other <input type="text"/>	(Please specify)
Total Number of Employees <input type="text"/>	Total Number of Employees joining <input type="text"/>
Primary Contact Person Name <input type="text"/>	Designation <input type="text"/>
Contact Number <input type="text"/>	Email <input type="text"/>
Alternate Contact Person Name <input type="text"/>	Designation <input type="text"/>
Contact Number <input type="text"/>	Email <input type="text"/>

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

Instrument No.

(Drawn on) Bank Name

Branch Name

Note:

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

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

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 contributions made on behalf of the Individual Pension Fund Account Holders. I/we agree to update ABL Asset Management Co. Ltd. on any changes in contribution amount or any additions and deletions in employees participating in ABL Pension Fund within seven (7) days of such change or with the subsequent contribution payment. I/We will not hold ABL Asset Management Co. Ltd. responsible due to any delay in notifying any changes. I/We agree to update ABL Asset Management Co. Ltd. on any changes in particulars/circumstances including change in primary contact person or person dealing with contribution payments or any authorized signatories details on a timely basis.

Authorized Signature

Authorized Signature

Authorized Signature

Date

(dd - mm - yy)

Authorized Signature

Note: Official company stamp is required

For Office Use Only

Investment Facilitator/Branch

Sales Staff

Transaction Date

(dd - mm - yy)

Transaction No.

Branch Code

Originator Staff No.

Data Input by

Data and attachments verified by

Form Received on

(dd - mm - yy)

Name & Authorised Signature with Branch Stamp

Signature