



NATIONAL INVESTMENT TRUST LIMITED

PARTICIPANT CONTRIBUTION FORM

\* Mandatory Fields

Select Pension Scheme:  NIT Islamic Pension Fund  NIT Pension Fund

PARTICIPANT INFORMATION:

\*Name: \_\_\_\_\_

\*Individual Pension Account No: \_\_\_\_\_ (In case of employer's contribution, attached list)

CONTRIBUTION DETAILS:

Amount: Rs. \_\_\_\_\_ Amount in Words: \_\_\_\_\_

Mode of Payment:  Cheque  Demand Draft  Pay Order  Other: \_\_\_\_\_ Cheque/DD/PO/Ref. No.: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Provide online/RTGS reference No. and receipt copy)

Drawn On: \_\_\_\_\_

DECLARATION:

I hereby agree to comply with the provisions of the respective Trust Deed, Offering Document, Participant Registration Form, the Voluntary Pension System Rules, 2005 and the Income Tax ordinance, 2001.

Signature of Participant / Authorized Signatory \_\_\_\_\_ Date: \_\_\_\_\_

FOR BRANCH USE ONLY

DATE (DD / MM / YY): 

--	--	--	--	--	--

 TIME: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Branch / Distributor Name: \_\_\_\_\_ FP/Distributor Code: \_\_\_\_\_

Form reviewed and checked by: \_\_\_\_\_ Data entered by: \_\_\_\_\_

Branch Stamp & Signature of the Branch Manager / Authorized Official: \_\_\_\_\_

Rev. 12-6-15

**Contribution Details:** Payment shall be made in favour of "CDC Trustee – NIT Islamic Pension Fund" or "CDC Trustee – NIT Pension Fund" as applicable.