NBP FUND MANAGEMENT LIMITED Employer Contribution Form

Form: NBP Funds VPF-02 Date:



Ref # : 2,237, Date : 25 Apr 2024

Customer ID								
NBP Funds Account No.								
1. Employer / Corporate Contributor Details								
Company Name Company Registration No.								
Registered Address								
Office Phone Fax Number Company Website Industry Category Commercial Bank Government Education Insurance FMCG Other								
Total Number of Employees								
Primary Contact Person Name Designation								
Contact Number Email Alternate Contact Person Name Designation								
Contact Number								
Declaration & Signature(s)								
I/We hereby acknowledge that I/we have f	illy understood all the n	otes: and the provisions of the Tru	ist Deed and Offering Documer	t of the Fund. Further, I/We	here by ratify that the information provide	ed in this		
form is correct. I/we understand that I/we s	,							
changes in contribution amount or any add								
hold NBP Funds Managers responsible du				Ŭ	,	will not		
person or person dealing with contribution			, 0	in particulars/ circumstance	es including change in primary contact			
person of person dearing with contribution	payments of any aution	ized signatories details on a time	Ty Dasis.					
	Authorized Signature		_	Authorized Signa	turo			
,	dunonzeu signature		Date	Autionzeu Signa	luie			
	Authorized Signature			Authorized Signa	turo			
Note: Official company stamp is req	Ŭ	(dd	- mm - yy)	Autionzed Signa	luie			
2. Contribution Details (Employer/Co								
	· .	🗖	. 🗖		— .			
Frequency of Regular Contribution:		,	arterly Semi A		Annual			
Employer's Total contribution (Rs.) Employee's total contribution (Rs.)								
If any other arrangement please specif								
Preferred Mode of Payment Cheque Pay Order Demand Draft Online Account Transfer								
(Drawn on) Bank NameBranch Name & Code Contribution made on behalf of (Participant Name) Customer ID								
	I ,							
(For contributions on behalf of multipl	e participants, attach	a sheet with the details give	n in the following table forr	nat)				
Serial No. Participant Name	CNIC No	. Name of Pens	ion Fund Contribut	ion Amount (Rs.)	Contribution Amount Breaku	qı		
					Employer Employ	yee		
Note:								
1. This format should be used for both	initial and regular co	ntributions by the employer	for its employees					
	0	, , ,	1 7	icipating in the Pansion I	Fund within seven (7) days of such a	hango		
2. Please update NBP Funds on any changes in contribution amount or any additions and deletions in employees participating in the Pension Fund within seven (7) days of such change								
or with the subsequent contribution payment.								
3. Please update NBP Funds 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.4. For new inductions, please also attach duly filled Account Opening Form for each participant								
4. For new inductions, please also atta	ch duly filled Accoul	it Opening Form for each pa	inticipant					
3. FOR OFFICE USE ONLY								
Distributor/Facilitator	Signature of	Date & Time	Form Received on	Particulars Ve				
Name/ Code Distr	ibutor/Facilitator	Date & Time	(Date & Time)	Name & Sig	natures			
4. NBP Sales Reffered By		1	· ·	· · · ·	· · · · · · · ·			
Name								
		CNIC No:	NBP Employee	card No.	NBP Branch address & Code			
		CNIC No:	NBP Employee	card No.	NBP Branch address & Code			



Instructions & Guidelines

- 1. This form is for use by employers for making contributions in the Pension Fund accounts of their employees.
- 2. Payment can be made in the form of cheque, demand draft, pay order or online account transfer, Cash will not be accepted.
- 3. Payment shall be made in favor of 'CDC-Trustee (NAFA Pension Fund) or 'CDC Trustee (NAFA 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, from another pension fund, as per policies approved by the Commission 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 is Rs. 10,000 for new account an Rs. 1,000 for an existing account.
- 6. It should be the 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.

Document Checklist

First time employer contribution would be accompanied by the following documents. If one or more of the documents are missing, the application may be declined or processed with a delay.

Copy of Memorandum and Articles of Association/Bye Laws/Trust Deed	Power of Attorney & Board Resolution or other Appropriate Resolution (Certified True copy) authorizing contribution in NAFA Pension Fund
Copy of CNIC of the signatories, Directors & of primary contact dealing with contribution payments	List of authorized signatories with specimen signatures

Duly filled Account Opening Forms for each employee participating in Pension Fund (incase of 'Employer Contribution')