Employer Contributor Form - Form 5



ABL Pension Fund	ABL Islamic Pension Fund	Date	2	=	
			(dd - mm	ı - yy>	

General Instructions

- 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 Funds)
- 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
- Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms
- 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
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
- 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 Office. 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
- 8. For assistance in filling this form or information about our products and services call us at 021-111-225-262 or email contactus@ablfunds.com

Guidelines

- 1. Cash will not be accepted
- Payment can be made in the form of a cheque, demanddraft, pay order or via through online account transfer
- 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
- 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 Cho	ecklist
Before submitting this form, make sure the following documents are attached. If one or more of a delay.	f the documents are missing, your application may be declined or processed with
	er of Attorney & Board Resolution/Trustee Resolution (Certified True copy) iorizing contribution in Funds
Copy of CNIC of the signatories & of primary List contact dealing with contribution payments	of authorized signatories with specimen signatures
Duly filled Registration Forms for each employee participating in Funds (in case of 'Employee	oyer Contributor')
1 Employer / Corporate Contributor Details	
- Limple / Corporate Communication Communication	
Company Name	
Registered Address	NTN No.
Office Phone Fax Number	Company Website
Chatter Determine Det Had Company Dublic Limited Company	Autocomoughod. Other
Status Partnership Pvt. Ltd. Company Public Limited Company	. Autonomous body Other (Please specify)
Total Number of Employees	
Total Number of Employees Total Number of Employ	ees joiling
Primary Contact Person Name	Designation
Contact Number Email	
Alternate Contact Person Name	Designation
Contact Number Email	

Employer's Total contribution (Rs.) Employer'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 filed Registration Form for each participant 2. This format should be used for both initial and regular contributions amount or any additions and deletions in employees participating in rund within seven (7) days of such change or with the subsequent contribution payment. 4. Heave update AR. Asset Management Co. List on any changes in participant/circumstances including change in primary contact person or person dealing with contribution payment. 4. Heave update AR. Asset Management Co. List on any changes in participant primary contact person or person dealing with contribution payment. 5. For each participant attach as set with the following details in the format given below Serial No. Participant Name ONIC No. Name of Pension Fund Contribution Amount (Rs.) Contribution Amount Breakup Employee Declaration & Signature(s) Live hereby administer provides in this form is correct. We undestand that live shall have no dismirredifferent to the contribution made on behalf of the refulsial Pension Fund and Pension Fund Contribution payment on the format of the following and the provisions of the Tiust Deed and Offering Document of the Fund. Further, two hereby ratify that the information provides in this form is correct. We undestand that live shall have no dismirredifferent to the contribution made on behalf of the refulsial Pension Fund with seven (1) days of such change or with the subsequent Contribution payment of the fundal Pension Fund with seven (1) days of such change or with the subsequent Contribution payment of the fundal Pension Fund with seven (1) days of such change or with the subsequent Contribution payment of the fundal Pension Fund with seven (1) days of such change or with the such payment of the		stribution Mont									
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Form Received on

Name & Authorised Signature with Branch Stamp

(dd - mm - yy)

Signature