

EMPLOYER APPLICATION FORM

* Mandatory Fields

Select Pension Scheme: NIT Islamic Pension Fund NIT Pension Fund Both

This form is to be completed by the employer. In addition, the employer would be required to attach duly filled Participant Registration Form for each employee joining the pension funds.

EMPLOYER DETAILS:				
*Company Name: _____				
*NTN No.:		SECP Registration No.:		
*Address: _____				
*Phone No.:	Cell No.:	Email:	Fax No.:	
*Type of Company: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Stock <input type="checkbox"/> Club Society/Association <input type="checkbox"/> Trust <input type="checkbox"/> Executors/Administrators <input type="checkbox"/> Government <input type="checkbox"/> Others (specify): _____				
*Type of Organization: <input type="checkbox"/> Takaful Company <input type="checkbox"/> NBFC <input type="checkbox"/> Provident Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Commercial Bank <input type="checkbox"/> DFI <input type="checkbox"/> Others (specify): _____				
(Optional) Name of Chief Executive Officer: _____				
Phone No.:		Cell No.:	Email:	Fax No.:
Primary Contact / Dealing Officer Details:				Specimen Signature of Primary Contact / Dealing Officer:
Name: _____ Designation: _____				
Department: _____ Phone No.: _____ Cell No.: _____				
Email: _____ Fax No.: _____				
EMPLOYEE CONTRIBUTION DETAILS:				
No. of employees joining:		NIT Islamic Pension Fund _____	NIT Pension Fund _____	
For each employee joining a pension fund, a list containing the following information is required: (Participant Registration Form must be submitted in respect of all employees joining the pension fund)				
No.	Name of Employee	CNIC/NICOP No.	Name of Pension Fund	Contribution Amount (Rs.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Contribution Amount: Rs. _____		Amount in Words: _____		
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order <input type="checkbox"/> Other: _____		Cheque/DD/PO/Ref. No.:		Dated:
<small>(Provide online/RTGS reference No. and receipt copy)</small>				
Drawn On: _____				
Contribution Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly				
DECLARATION AND CONFIRMATION:				
<p>1. We agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matters of the Pension Fund and also abide by the terms, conditions, rules, regulations and other statutory requirements applicable to NITL and the respective Funds</p> <p>2. We agree in respect of our employees who are members of the pension funds to pay the contributions amounts of both employer and employee in due time.</p> <p>3. We agree to keep NITL updated on all changes in the contribution amounts of any employee, or any additions or deletions in the number of employees participating in the pension funds, or changes in any circumstances/particulars including change in primary contact person or person dealing with contribution payments or any authorized signatories on a timely basis and shall not hold NITL responsible in case of delay in notifying such changes.</p> <p>4. We hereby agree to provide any additional information/documentation that may be required by the NITL, in connection with this form and understand that it is our responsibility to keep NITL updated and inform NITL of any change of any particulars/circumstances/contact persons/signatory details.</p>				
Name of Signatory No. 1		CNIC No.	Signature	Date & Company Stamp
Name of Signatory No. 2		CNIC No.	Signature	
Name of Signatory No. 3		CNIC No.	Signature	
Name of Signatory No. 4		CNIC No.	Signature	
FOR BRANCH USE ONLY				
DATE (DD / MM / YY):		TIME: _____ : _____ AM / PM		
Branch / Distributor Name: _____				
Form reviewed and checked by:		Data entered by:		
Branch Stamp & Signature of the Branch Manager / Authorized Official: _____				