

NATIONAL INVESTMENT TRUST LIMITED

Voluntary Pension Scheme Participant Contribution Form

			Select Pension Scheme:	NIT Islamic Pension Fund	NIT Pension Fund
PARTICIPANT INFORMA	TION:				
Name of Applicant as per CNIC* Mr. Mrs. Ms. Dr. Other:	PLEASE FILL OUT IN CAPITAL LETTER	is			
Individual Pension Account No:*	(In case of employer's contribution		:	Cell No:	
CONTRIBUTION DETAILS:					
Amount: Rs.	Amount in Words	:			
Mode of Payment:	Cheque Demand Draft	Pay Order Other:(P	rovide Online / RTGS reference No. ar	d receipt copy)	
Cheque/DD/PO/Ref. No.:				Datada	
Crieque/DD/PO/Ref. No.:				Dated:	
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.					
Contribution Details: Payment shall be made in favour of "CDC Trustee – NIT Islamic Pension Fund" or "CDC Trustee – NIT Pension Fund" as applicable.					
Signature of Participant / Authorized	d Signatory:			Dated:	
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:					
Contribution Details: Payment shall be made in favour of "CDC Trustee – NIT Islamic Pension Fund" or "CDC Trustee – NIT Pension Fund" as applicable. Rev.(1) 31-07-2023					

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