

Please Select One:

- Atlas Pension Fund
- Atlas Pension Islamic Fund
- Both

EMPLOYER APPLICATION FORM

Managed by:
 **Atlas Asset Management**
 (Pension Fund Manager)

This form should be completed by the employer for all employees joining the Atlas Pension Fund and/or Atlas Pension Islamic Fund. In addition, the employer shall be required to attach duly filled in Participants Registration Form for each employee joining APF or APIF.

EMPLOYER DETAILS

Registered Name: _____

Registered Address of Company's Headquarters: _____

Correspondence Address: _____
(If different from registered address)

Tel: _____ Fax: _____ Website: _____

Company Registration Number: _____ NTN: _____

Industry Category:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sole Proprietorship/Partnership | <input type="checkbox"/> NBF/IBF/DFI | <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> Retirement Schemes |
| <input type="checkbox"/> Insurance Companies | <input type="checkbox"/> Trust/Non Profit Organization | <input type="checkbox"/> Listed Company | <input type="checkbox"/> Non Listed Company |
| <input type="checkbox"/> Club/Society | <input type="checkbox"/> Armed Forces Related | <input type="checkbox"/> MNC | <input type="checkbox"/> Other _____ |

Chief Executive Details:

Full name of Chief Executive: Mr./Mrs./Ms. _____

Registered Address Correspondence Address Other Address: _____
(If different from registered address/ correspondence address)

Direct Telephone No: _____ Direct Fax: _____ Direct Email: _____

Primary Contact Person Details:

Full Name: Mr./Mrs./Ms. _____

Designation: _____ Department: _____

Registered Address Correspondence Address Other Address: _____
(If different from registered address/ correspondence address)

Direct Telephone No. or (Direct Extension): _____ Direct Fax: _____ Mobile: _____

Direct Email: _____ Speciman Signature: _____

Details of Person dealing with Contribution Payments (If different from above):

Full Name: Mr./Mrs./Ms. _____

Designation: _____ Department: _____

Registered Address Correspondence Address Other Address: _____
(If different from registered address/ correspondence address)

Direct Telephone No. or (Direct Extension): _____ Direct Fax: _____ Mobile: _____

Direct Email: _____ Speciman Signature: _____

EMPLOYEE CONTRIBUTION DETAILS

Scheme Commencement Date: _____ No. of employees joining Atlas Pension Fund _____

Break up of Employees: Permanent _____ Contractual _____ No. of employees joining Atlas Pension Islamic Fund: _____

Contribution Frequency: Monthly Bi-Monthly Quarterly Half Yearly Yearly

EMPLOYER PROVISIONAL RECEIPT *(Please take this duly filled in receipt from the Sales Agent/ Distribution Company before leaving)*

Name of Pension Fund: APF APIF Both

Received from Messers:	Sale No:	Authorized Branch: (Distributor Code)
Total Amount Received (Rs.): _____ In words: _____	Date:	(Stamp)
Contributions on behalf of _____ (No.) Employees For APF _____ For APIF _____	Time:	Distributor:
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Pay-order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer	No:	(Name & Signature)
Drawn on (Name of Bank & Branch): _____		
along with documents as mentioned below		
<input type="checkbox"/> Copy of CNIC [National Identity Card(s)] <input type="checkbox"/> Board resolution authorizing signatories <input type="checkbox"/> Board resolution authorizing Contributions in APF and/or APIF. (If applicable)		
<input type="checkbox"/> Missing Information (if any) _____		

Contribution Details: (as deducted from salary)

Employers Contribution: _____ % of Salary

Employee Contribution: _____ % of Salary

If any other arrangement please provide complete details below:

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For each employee, joining APF or APIF, you are required to attached a sheet with the following details in the format as provided below:

No.	Full Name of Employee	Name of Pension Fund	Contribution Amount	
			If fixed provide amount in (Rs.)	If as a % of salary please provide both % and salary amount
			%	Salary

The employer is required to keep Atlas Asset Management Limited updated on any changes in salary amounts or any addition and deletions in staff within seven days of such change or with the next Contribution payment.

Contribution Payment Details:

All payments shall be made in favor of “CDC-Trustee Atlas Pension Fund” or “CDC-Trustee Atlas Pension Islamic Fund” as applicable and crossed “Account Payee” only.

Contribution Amount (Rs.) _____ (Rupees in words) _____

Preferred Mode of Payment: Cheque Pay order Demand Draft Transfer No: _____**Drawn on:** Name of Bank +Branch Address _____ Direct Transfer to Atlas Pension Fund’s or Atlas Pension Islamic Fund’s designated account _____**DECLARATION AND CONFIRMATION**

1. The employer agrees in respect of its employees who are members of Atlas Pension Fund or Atlas Pension Islamic Fund to:
 - i. Pay to Atlas Pension Fund or Atlas Pension Islamic Fund the employer’s contribution amounts if any and
 - ii. To deduct from the salaries of the respective members from of the employee’s Contribution amounts and pay to Atlas Pension Fund or Atlas Pension Islamic Fund within 15 days of the close of the selected frequency date.
2. The employer agrees to keep Atlas Asset Management Limited updated on all changes in the Contribution amounts of any employee, or any additions or deletions in the number of employees participating in Atlas Pension Fund or Atlas Pension Islamic Fund and shall not hold Atlas Asset Management responsible in case of its delay in notifying any changings.
3. The employer agrees to keep Atlas Asset Management Limited updated on any changes in its particulars/ circumstances, including change in primary contact person or person dealing with Contribution payments or any authorized Signatories details on a timely basis.

For and on Behalf of: Name of Employer: _____

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Company Stamp

	Name	Signature
Signatory 1		
Signatory 2		
Signatory 3		
Signatory 4		

Documents to be submitted at the time of Investment: (Application will not be processed without receipt of all documents as applicable) Copy of CNIC of primary contact person, person dealing with contribution payments and Authorized Signatories. Board resolution authorizing Signatories Board resolution authorizing contributions in APF and/or APIF (if applicable)**For office use only:**

Sales Agent’s Information			
Sales Agent’s Name	Sales Agent’s Code	Date & Time of Receiving Form	Authorized Signature & Stamp
Distributor’s Information			
Distributor’s Name	Distributor’s Code	Code	Transaction Date & Time
Name of the Authorised Person at Distribution Centre			Authorized Signature & Stamp
For Registrar Use Only			
Request Form Received On (Date & Time)	Data Verified By		Data Input By
Missing Information			Authorized Signature