

# Participant Contribution Form

Date: \_\_\_\_\_

## \*MANDATORY FEILDS

Select Pension Scheme:  Faysal Islamic Pension Fund  Faysal Pension Fund

## PARTICIPANT INFORMATION:

\*Name: \_\_\_\_\_

\*Registration No: \_\_\_\_\_

## CONTRIBUTION DETAILS

Amount (Rs): \_\_\_\_\_ In words: \_\_\_\_\_

Front End Load (%): \_\_\_\_\_

Mode of Payment:  Cheque  Demand Draft  Pay Order  Other: \_\_\_\_\_ (Provide online/RTGS reference No. and receipt copy)

\_\_\_\_\_  
Cheque/DD/PO/Ref. No.:

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Drawn on

Note: Additional KYC details/documents may be asked by FAML if required.

## 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. I confirm that I have understood the details of sales load to be deducted (if any) including taxes.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## FOR OFFICIAL USE ONLY

Date (DD / MM / YYYY): \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Branch / Distributor Name: \_\_\_\_\_ Form reviewed and checked by: \_\_\_\_\_

Data entered by: \_\_\_\_\_

\_\_\_\_\_  
Stamp & Signature of the Branch Manager / Authorized Official

Contribution Details: Payment shall be made in favour of "CDC Trustee – Faysal Islamic Pension Fund" or "CDC Trustee – Faysal Pension Fund" as applicable.

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, Sharah-e-Faisal, Karachi.

U 92 21 111 329 725 W [www.faysalfunds.com](http://www.faysalfunds.com) E [customerservices@faysalfunds.com](mailto:customerservices@faysalfunds.com)

**Risk Disclosure:** All investment in mutual funds are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.