



EFU LIFE ASSURANCE LTD - Window Takaful Operations

EFU Hemayah Pension Fund

Contribution Form

Participant Information:

Folio No.: _____

Name: _____

CNIC/NICOP -

Issue Date:

Expiry Date:

Investment Information:

Contribution Amount: PKR _____ Front End Load (%): _____

Amount in Words: _____

Mode of Payment Cheque IBFT Demand Draft Pay Order

(Provide online/RTGS reference No. and receipt copy)

Cheque/Ref. No.: _____ Dated: _____

Drawn On (Bank Name): _____

Note: Funds will be allocated to the allocation scheme as selected at the time of registration. If you wish to change the allocation scheme then please fill in the Change of Allocation Scheme Form and submit along with this form.

Health Questionnaire for Complimentary Takaful Coverage

- Do you have any type of physical disability or in the past five years, have you been diagnosed with, treated for, or advised to seek treatment for any of the following medical conditions: any type of cancer, heart disease, Hepatitis C, stroke, any type of blindness, hearing disorders, amputation of limb(s), chronic kidney or liver disease, chronic obstructive pulmonary disease (COPD) or other severe respiratory conditions, HIV/AIDS, depression, autoimmune diseases, neurological disorders such as Multiple Sclerosis, Parkinson's, or mental health disorders, or have you undergone or been advised to undergo an organ transplant? Yes No
- In the past 5 years have you used any illicit drugs or substances not prescribed to you, including but not limited to marijuana, cocaine, heroin, opioids, stimulants, Ecstasy, LSD, Amphetamines, Hallucinogens, Barbiturates, Sedatives, Solvents (Non-intravenous)? Yes No

Note: If any of the above question is marked 'YES', then you will not be eligible for Complimentary Takaful Coverage. Any non-disclosure to the material fact may lead to the rejection of claim relating to this Takaful Coverage.

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 that sales load of ____% to be deducted plus applicable taxes.

میں اس بات سے اتفاق کرتا/کرتی ہوں کہ میں متعلقہ ٹرسٹ ڈیڈ، آفرنگ ڈیڈ، شرکت کی رجسٹریشن فارم، والینٹیری پنشن سسٹم رولز 2005 اور انکم ٹیکس آرڈیننس 2001 کی شقوں کی پابندی کروں گا/گی۔ میں اس بات کی تصدیق کرتا/کرتی ہوں کہ میں نے یہ سمجھ لیا ہے کہ ____ فیصد سیلز لوڈ بمعہ قابل اطلاق ٹیکسز منہا کیے جائیں گے۔

Participant's Signature

Date:



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Investor	Attestation of ME/Agent and Witnesses Shall Be Required Only in Case of Investor with Unstable Signature or Thumb Impression	
Participant's Signature/ Left Hand Thumb Impression	Name, Code and Signature of ME/Agent 1	Witness 1 (Adult Persons only) Name: _____ CNIC: _____ Signature: _____
Date and Time Stamping	Name, Code and Signature of ME/Agent 2	Witness 2 (Adult Persons only) Name: _____ CNIC: _____ Signature: _____

Name and Code of Authorized Person at Branch	Authorized Signature

Investor Services / Registrar Details (For Office Use Only)		
Date and Time Stamping	Form received by	Name and Signature
	Form and attachments verified by	Name and Signature
	Data input by	Name and Signature

Contribution Details: Payment shall be made in favour of "CDC Trustee – EFU Hemayah Pension Fund as applicable.