



APPLICATION FORM
FOR CONTRIBUTION TO THE VOLUNTARY PROVIDENT FUND
Pension & Fund Section (U.A.F)

1. Name of Applicant (In Block Letters)					
2. Date of Birth					
3. Date of Appointment					
4. Designation					
5. Department & Office					
6. Permanent Address					
7. Pin Code No.					
8. Monthly Pay					
9. Monthly Contribution	Rs. _____				
10. Profit of V.P Fund	YES <input type="checkbox"/> NO <input type="checkbox"/>				
11. Name of Nominee (Relationship)					
12. Cell / Extension No.	_____ / _____				
13. V.P.F No. (Office Use only)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

Required Documents (Attested): -

- i. Recent Pay Slip
- ii. CNIC
- iii. Nominee's CNIC
- iv. Copy of Appointment Order
- v. 2 Copies of Application Forms
(A/c opening / Personal File)

Applicant's Signature

Head of the Department

Admin. Officer P&F

Accounts Officer P&F

TREASURER