

**FORM-I**

(SEE REGULATION-4)

**APPLICATION FOR ENROLMENT AS SUBSCRIBER TO THE  
PAKISTAN AGRICULRAL STORAGE AND SERVICES CORPORATION LIMITED EMPLOYEES PRIVIDENT FUND**

I \_\_\_\_\_ S/O: \_\_\_\_\_

Request that I may be permitted to become a subscriber to the Pakistan Agricultural Storage and Services Corporation Limited Provident Fund.

I hereby declare that I have read and understood the regulations of the said fund and agree and undertaken to be bound in all respects by then or other as May for the time being in force.

I hereby authorize and request the Pakistan Agricultural Storage and Services Corporation, Limited to deduct from salary/wages or other use such subscription as I may from time to time be liable to pay under and in accordance with the Regulations, which I have seen and studies, and to pay the same to the Administrators of the said fund.

1. PT No. \_\_\_\_\_
2. Full Name of the Applicant. \_\_\_\_\_
3. Residential Address. \_\_\_\_\_
4. Designation. \_\_\_\_\_
5. Department/Section/Zone. \_\_\_\_\_
6. Date of joining in to Service of the corporation. \_\_\_\_\_
7. Present Basic Pay. \_\_\_\_\_

Date, this \_\_\_\_\_ day of \_\_\_\_\_

**Witness to the Signature**

**Signature of the Applicant**

Applicant joined service on \_\_\_\_\_ and is eligible to become a subscriber.

**Secretary, C.P.Fund Trust  
Pakistan Agricultural Storage &  
Services Corporation Limited**

Admitted to the benefits of the Fund on \_\_\_\_\_

No. \_\_\_\_\_

Dated: \_\_\_\_\_

**Chairman CPF Trust**

**FORM NO-2**  
**BEE REGULATION -9**  
**(WHEN THE SUBSCRIBER HAS A FAMILY)**

I \_\_\_\_\_ hereby nominate person(s) mentioned below, who is/are member(s) of my family as defined in Regulation-2 of Pakistan Agricultural Storage and Services Corporation Limited Employees Provident Fund Regulations, to receive in the event of my death, the amount that may stand to my credit in the fund, in the manner shown against his/their name(s).

I hereby appoint the person(s) named in the column 5 to receive payment on behalf of nominee(s) who is/are minor(s) or may be suffering from a legal disability.

NAME AND ADDRESS OF THE NOMINEE(S)	RELATIONSHIP WITH THE SUBSCRIBER	WHETHER MAJOR OR MINOR OR SUFFERING FROM OTHER LEGAL DISABILITY. IF MINOR STATE HIS AGE	AMOUNT OF SHARE OF ACCUMULATIONS TO BE PAID TO EACH	NAME ADDRESS OF THE PERSON TO WHOM PAYMENT IS TO BE MADE ON BEHALF OF THE MINOR OR THE PERSON SUFFERING FROM OTHER LEGAL DISABILITY	SEX AND PERCENTAGE OF PERSON MENTIONED IN COLUMN-5
1	2	3	4	5	6

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at. \_\_\_\_\_

No. \_\_\_\_\_

**Signature of the Subscriber**

Two witnesses to signature of the Subscriber who must sign in presence of each other and in that of the subscriber all being present at the same time.

1. Signature. \_\_\_\_\_

Name. \_\_\_\_\_

PT NO & Designation. \_\_\_\_\_

Adress. \_\_\_\_\_

2. Signature. \_\_\_\_\_

Name. \_\_\_\_\_

PT NO & Designation. \_\_\_\_\_

Adress. \_\_\_\_\_

Note: - This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the fund at any time.