***FORM - B***

**UTILITY STORES CORPORATION OF PAKISTAN LIMITED**

**APPLICATION FOR ADMISSION TO THE CONTRIBUTORY**

**🙥 PROVIDENT FUND 🙧**

**TO BE SUBMITTED IN DUPLICATE**

|  |  |  |
| --- | --- | --- |
| a. | Name of applicant |  |
| b. | Father’s Name |  |
|  c. | Nationality |  |
| d. | Official designation and date of appointment in the Corporation |  |
| e. | Office to which attached |  |
| f. | Whether post is permanent or temporary of whether applicant is on probation to a permanent post |  |
| g. | If in temporary or officiating service whether he is likely to become permanent |  |
| h. | Rate of emoluments per month  |  |
| i. | Rate of subscription per month (Rule 6 C.P.F Rule) |  |
| j. | Whether eligible to subscribe under Rules |  |
| k. | If subscriber to any other Fund, the name of such fund |  |
| l. | Whether the applicant has a family or not |  |

Remarks:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Head of Office/Designation)

Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁⦁**

Utility Stores Corporation of Pakistan (Pvt) Ltd, Head Office, Islamabad

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

 Returned with accounts number allotted. This number should be quoted in all correspondence connected therewith. A form of nomination along with a contingent notice of cancellation in prescribed form duly filled in may be sent as soon as possible.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GM (HR&A) GM (Finance)**

***FORM - C***

**UTILITY STORES CORPORATION OF PAKISTAN LIMITED**

**🞇 FORM OF NOMINATION 🞇**

 I hereby direct that the amount at my credit in the Corporation’s Contributory Provident Fund in the event of my death shall be paid in the manner shown against their names:-

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of the Nominee or Nominees(1) | Relationship with the subscriber(2) | Age of the Nominee(3) | Amount of share of accumulation(4) |

 I hereby declare that I have no family and direct that the amount at my credit in the Corporation’s Provident Fund in the event of my death shall, in the case of my having no family, be distributed among the persons mentioned below in the manner shown against their names:-

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of the Nominee or Nominees(1) | Relationship with the subscriber(2) | Age of the Nominee(3) | Amount of share of accumulation(4) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Subscriber)

Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***TWO WITNESS TO SIGN***

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🖝Note: - Column 4 shall be filled in so as to cover the whole amount at credit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Head of Office/Designation)