

# University of Management and Technology

## UMT Employees Provident Fund Trust

### Membership Form

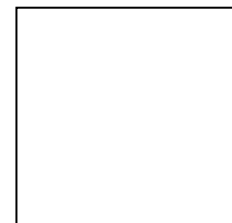
|  |  |                     |  |
|--|--|---------------------|--|
| Employee Name                          |  | S/o, D/o, W/o       |  |
| Employee Code                          |  | Date of Joining UMT |  |
| CNIC (valid copy of CNIC is mandatory) |  | Religion            |  |
| Address for Correspondence             |  |                     |  |
| Mobile No.                             |  | Email (personal)    |  |

- Consequent to my admission to the membership of the UMT Employees Provident Fund and as required by Rules of the Fund given at the following link;  
<https://admin.umt.edu.pk/Media/Site/UMT/SubSites/OHCM/FileManager/Downloads/Provident-Fund-Rules.pdf>
- I hereby authorize you to deduct each month a sum equivalent to 5% of my basic salary and credit the same amount to my Provident Fund Account. I also hereby agree to be bound by the UMT Employees Provident Fund rules and by any subsequent additions and alterations in the same as may be made from time to time hereafter.
- I hereby nominate the person(s), mentioned below to receive the amount standing to my credit in the UMT Employees Provident Fund in the event of my death.

| S.# | Name of the Nominee | Mobile No. of Nominee | Nominee's Relation with the member | Age of nominee | If the nominee is a minor, name & Address of the guardian who may receive the amount during minority of the nominee | % of total balance to be paid |
|-----|---------------------|-----------------------|------------------------------------|----------------|---|-------------------------------|
| 1   |                     |                       |                                    |                |   |                               |
| 2   |                     |                       |                                    |                |   |                               |
| 3   |                     |                       |                                    |                |   |                               |

\_\_\_\_\_  
Member's Signature

Date: \_\_\_\_\_ (DD/MM/YYYY)



**Thumb Impression**  
Left for male, Right for female

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#### For Office use only

Provident Fund deduction starts from \_\_\_\_\_ (DD/MM/YYYY).

\_\_\_\_\_  
Trustee Signature