APPLICATION FOR ADMISSION AS MEMBER OF DAPFCL OFFICERS' & EMPLOYEES' CONTRIBUTORY PROVIDENT FUND

Date:.....

DAP FERTILIZER COMPANY LIMITED
Officers' & Employees'
Contributory Provident Fund Trust
Rangadia, Karnaphuli,
Chattogram.

I the undersigned hereby apply for admission into the Trust with effect from ..... I declare that I have read and understood the rules of the Trust. I shall be bound in all respects by the Rules of the Trust.

* I declare that I am not a member of any Provident Fund trust since the date of my joining in the service of the Company.

* I declare that I am a member of the Provident Fund Trust with .....

..... under PF Account No. ..... and now have ceased the

membership with effect from ..... .

Note: Please Strike out the Para which is not applicable.

My particulars are Appended below:

1. Full name of the applicant (In block letters) : .....
2. Father's/Husband's Name : .....
3. Designation : .....
4. Place of posting (present) : .....
5. Address:
   (a) Present : .....
   .....
   .....
   (b) Permanent : .....
   .....
   .....
6. (a) Employee No. : .....
   (b) Present pay : .....
   (c) Date of birth : .....
7. Type of Appointment : .....
8. (a) Date of appointment in service of the Company : .....
   (b) Date of absorption (if any) .....
   (c) Effective date of Continuity of past service (if any) .....
   (d) Date of confirmation in service: .....

Note: Please enclose copy of the letters/orders/documents.

I hereby authorize and request you to instruct the disbursement authority of my salary/emoluments to deduct from my salary/emoluments such subscription as I may from time to time be liable to pay in accordance with the Rules of the Trust and to pay the same to the Trustees of the Fund.

Witness to the signature of the Applicant

a) Signature :

b) Name (in full) :

c) Designation :

d) PF A/C. No. :

.....
Signature of the Applicant

Recommendation of the Head of the Office/Division/Company.

Date:

.....
Signature with designation & Seal

(TO BE FILLED IN BY THE ADMINISTRATION DIVISION)

The applicant joined the service on ..... and his service is confirmed/waiting Confirmation.

He is eligible/not eligible for admission as a member of DAP FERTILIZER COMPANY LIMITED Officers' & Employees' Contributory Provident Fund Trust.

.....
Head of Administration, DAPFCL

(TO BE FILLED IN BY THE PF SECTION)

The applicant may be admitted to the benefit of the Fund with effect from.....

.....
Secretary (PF Trust)

His/Her membership Number is .....

.....
Signature

SECOND SCHEDULE

RULE 32 (F)

(WITH THE MEMBER HAS A FAMILY)

I ..... Designation..... Dept..... Employee No..... PF No..... hereby nominate the person(s) mentioned below who is/are member(s) of my family as defined in DAPFCL Officers' & Employees' Contributory Provident Fund Trust Rules 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 column 6 to receive payment on behalf of nominee(s) who is/are minor(s) or is/are suffering from a legal disability.

Name and full address of the Nominee(s)	Relationship with the member	Age (Years)	Whether major/ minor or suffering from other legal disability	Amount of share of accumulations to be paid to each.	Name & address with relationship of the persons to whom payment is to be made on behalf of the minor or the persons suffering from other legal disability.
1	2	3	4	5	6

Date day of 202 .

2(two) witnesses to signature of the member, who must sign in the Presence of each other and in that of the member, all being Present at the same time.

1 Signature .....

Name .....

Designation .....

Address .....

.....

Employee No. .....

2. Signature .....

Name .....

Designation .....

Address .....

.....

Employee No. .....

Signature of the Nominee(s)

Signature of Member

Secretary of the Trust