



Government of Pakistan  
Poverty Alleviation & Social Safety Division  
PAKISTAN BAIT-UL-MAL

(An ISO 9001:2015 Certified Public Sector Organization)  
Sector II-8/4, Islamabad Phone No: 051- 9269614, Fax No: 051-9269609

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No. PBM-QMS-F&P-D-23/2021-22/ 3543

Islamabad the 11 May, 2022

All Directors / Deputy Director Incharges  
PBM Head office  
Provincial / Regional Offices.

Handwritten notes: Dir-IT, P. Upload, 12/05/22, AD CS

**Subject: PROVISION OF PERSONAL INFORMATION ON PRESCRIBED PROFORMA FOR REGISTRATION OF PBM EMPLOYEES SUPERANNUATION AND PROVIDENT FUND TRUST IN ACCORDANCE WITH NEW ICT TRUST ACT 2020**

Please refer to subject cited above and to state that after establishment of PBM Employees Superannuation and Provident Fund Trust, both funds were registered in accordance with The Trust Act 1882. After enactment of The Islamabad Capital Territory Trust Act 2020, The Trust Act 1882 has been repealed by the Government of Pakistan. Therefore registration in accordance with new ICT Trust Act 2020 is mandatory.

2. In 21<sup>st</sup> meeting of the Board of Trustees (BoT) of PBM Employees Superannuation Fund Trust held on 13-01-2022, it was decided to collect necessary information from each employees of PBM on Prescribed Proforma (copy enclosed) for registration in accordance with new ICT Trust Act 2020 as it is compulsory to be provided to Waqf, Trust & Cooperatives, ICT, Islamabad accordingly.

3. Therefore it is requested that necessary required information may be collected from all the regular and regularized projects employees of your office / region on Prescribed Proforma and forwarded to this office for successful completion of registration process as per new ICT Trust Act 2020.

4. The requisite information may be provided by 31<sup>st</sup> May, 2022 please.

Encl: Prescribed Proforma

  
Ijaz Hussain  
Dy. Director (F & P)

Copy to:-

- i. PS/Director to MD-PBM
- ii. APS to Director (Admin)-PBM
- iii. All Members of BOT of PBM Employees Superannuation / Provident Fund Trust
- iv. Director-IT PBM Head office (with the request to upload the Prescribed Proforma for the purpose of downloading by PBM employees).
- v. File

Computer Section  
Diary No. 981  
Date: 12/05/2022

# Waqf, Trust & Cooperatives Registration Form

## Beneficiary Profile

Beneficiary Full Name:  S/o, D/o, W/o:

Beneficiary CNIC No:  Gender: Male:  Female:

Do you have a valid NTN? Yes  No  NTN No:

Residential Address: (Note: Local Residential Address is mandatory.)  
 House No.:  Village/Street:  Area/ Sector:   
 Tehsil:  District:  Province:

Capacity:  
 Benami/ Lessee/ Tenant Franchise/ Occupant:  Owner:  Share%:   
 Mobile No.:

Assets Detail:  
 Movable properties ownership with Values (PKR):  Total Assets:   
 Immovable properties ownership with Values (PKR):  Monthly Income (PKR):

## Immovable Properties

Attach proof of ownership

Type of Property							Property Address:		
<b>Agriculture Property</b>							Size/ Area of the property:		
Purchased	Donated	Leased	Acre:	Kanal:	Marla:	Sq Ft.:	City:	Tehsil:	Province:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Commercial Property</b>							City:		
Purchased	Donated	Leased	Acre:	Kanal:	Marla:	Sq Ft.:	District:	Tehsil:	Province:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Property</b>							City:		
Purchased	Donated	Leased	Acre:	Kanal:	Marla:	Sq Ft.:	District:	Tehsil:	Province:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Movable Properties

Attach proof of ownership

Purchased	Donated	Make/ Model	Registration No.:	Current Value:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Bank Accounts Details

Account Type:  Current  Saving/PLS

Bank Name:  Branch Address:

Branch Code:  Account No.:

IBFT:  IBAN:

City:  District:  Province:

\*(Note: Attach all documents the Proof of Ownership)

Signature:

Name & Designation:

Date: