

Defined Contribution Pension Scheme

Grievance Submission Form

A. Employee Information	
Field	Details to be Filled by Employee
Employee Name	
CNIC Number	
Pension Account Number	
Department	
Designation	
Employee / Personal Number	
Mobile Number	
Email Address	
B. Type of Complaint	
(Tick one box)	Complaint Category
<input type="checkbox"/>	Account not opened
<input type="checkbox"/>	Contribution not deducted from salary
<input type="checkbox"/>	Contribution deducted but not credited to pension account
<input type="checkbox"/>	Incorrect contribution amount
<input type="checkbox"/>	Wrong investment allocation
<input type="checkbox"/>	Delay in switching Pension Fund Manager
<input type="checkbox"/>	Nominee update not processed
<input type="checkbox"/>	Insurance claim delay
<input type="checkbox"/>	Other (please specify below)
If "Other", please specify:	



C. Description of Issue

What happened

When the issue started

What action has already been taken

D. Documents Attached

(Tick applicable boxes)	Document
<input type="checkbox"/>	Payslip
<input type="checkbox"/>	Pension account statement
<input type="checkbox"/>	Appointment / Joining letter
<input type="checkbox"/>	Previous complaint correspondence
<input type="checkbox"/>	Other (specify)

Other documents description:

E. Declaration

I confirm that the information provided above is correct to the best of my knowledge.

Employee Signature

Date of Submission