



**PLOYEES
D-AGE BENEFITS
TITUTION**

FORM PE-02

APPLICATION FOR INSURED PERSON

Under Rule 3(2) of the Employees Old-Age Benefits
(Registration of Employer and Insured Person) Rules, 1976

To,
Employees' Old-Age Benefits Institution
Regional Office: _____

Dear Sirs,

My Employer has in his employment 5 or more persons; I am one of them and have not been registered with the Institution so far.

Please arrange my registration through my Employer. My particulars are as follows:

1. Name: _____
2. NIC: _____ CNIC: _____
3. Father's/Husband's Name: _____
4. Address: _____

5. Name & Address of the present Employer: _____

6. Date of joining the present Employer: _____
7. Any other information: _____

Signature/ Thumb Impression

Address:

Dated: _____