

Employees' Old-Age Benefits Institution



Facilitation System for Employers and Employees

Operational Manual

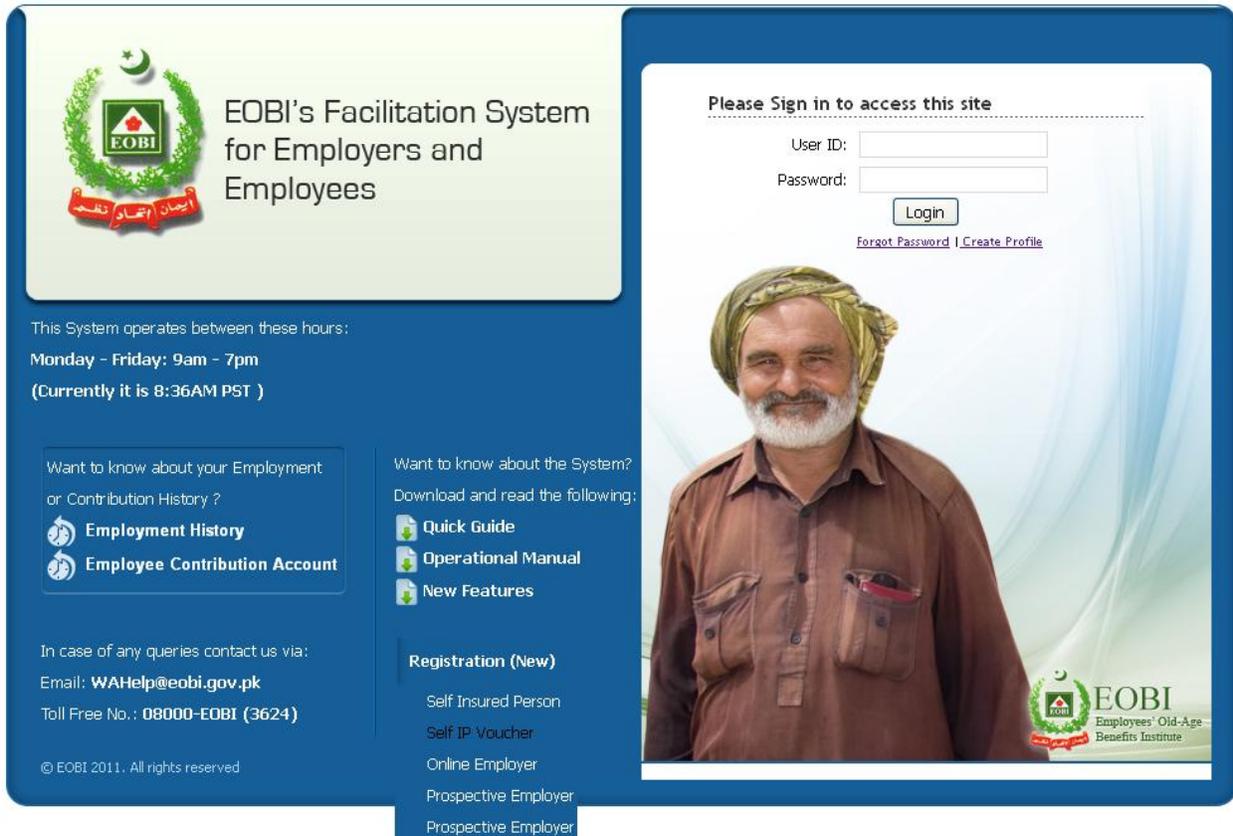
New Features

Contents

1. Self Insured Registration	3
2. Online Employer Registration	10
3. Prospective Employer Registration.....	14
3.1 Prospective Employer Registration	14
3.2 Prospective Employer via csv file	15

1. Self Insured Registration

Click on the “Self Insured Registration” link:



The screenshot shows the EOBI Facilitation System homepage. On the left, there is a navigation menu with links for 'Employment History' and 'Employee Contribution Account'. In the center, there is a 'Registration (New)' section with links for 'Self Insured Person', 'Self IP Voucher', 'Online Employer', 'Prospective Employer', and 'Prospective Employer'. On the right, there is a login form with fields for 'User ID' and 'Password', a 'Login' button, and links for 'Forgot Password' and 'Create Profile'. Below the login form is a large image of an elderly man with a white beard and a brown turban, wearing a brown shirt. The background of the page is blue with a light green wave pattern.

- Provide your CNIC:

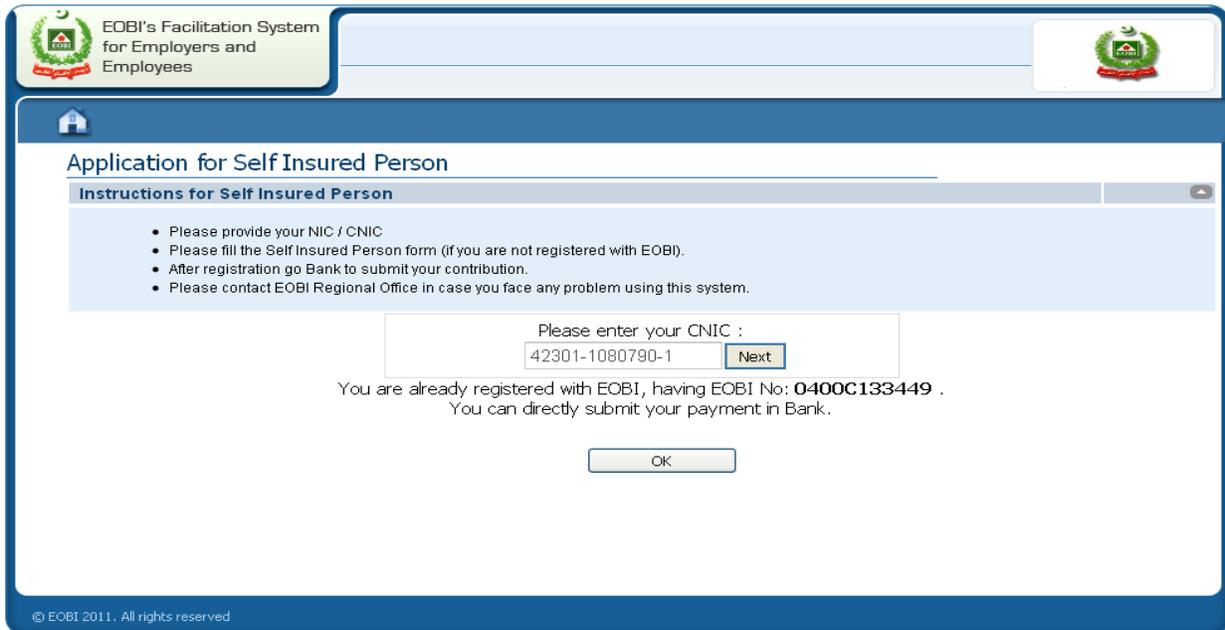
Application for Self Insured Person

Instructions for Self Insured Person

- Please provide your NIC / CNIC
- Please fill the Self Insured Person form (if you are not registered with EOBI).
- After registration go Bank to submit your contribution.
- Please contact EOBI Regional Office in case you face any problem using this system.

Please enter your CNIC :

- If you are already registered with EOBI, you will get this message:



The screenshot shows the EOBI's Facilitation System interface. At the top left, there is a logo and the text "EOBI's Facilitation System for Employers and Employees". The main content area is titled "Application for Self Insured Person" and contains a section "Instructions for Self Insured Person" with the following instructions:

- Please provide your NIC / CNIC
- Please fill the Self Insured Person form (if you are not registered with EOBI).
- After registration go Bank to submit your contribution.
- Please contact EOBI Regional Office in case you face any problem using this system.

Below the instructions, there is a form field for CNIC with the value "42301-1080790-1" and a "Next" button. Below the form, a message states: "You are already registered with EOBI, having EOBI No: **0400C133449** . You can directly submit your payment in Bank." There is an "OK" button below the message. At the bottom left, the copyright notice reads "© EOBI 2011. All rights reserved".

- Fill the below form to registered with EOBI:

Application for Self Insured Person

Instructions for Self Insured Person

- Please provide your NIC / CNIC
- Please fill the Self Insured Person form (if you are not registered with EOBI).
- Anyone Mobile No is acceptable if you don't have Mobile No.
- After registration go Bank to submit your contribution.
- Please contact EOBI Regional Office in case you face any problem using this system.

Self Insured Person Info	
Applicant Name: *	<input type="text"/>
Date of Birth: *	<input type="text"/> 
Gender: *	Male <input type="button" value="v"/>
EOBI No: (if any)	<input type="text"/>
NTN No:	<input type="text"/>
NIC :	<input type="text"/>
CNIC :	12345-6678999-9
Contact Info	
Province : *	SINDH <input type="button" value="v"/>
City : *	ABBASPUR <input type="button" value="v"/>
Present Address : *	<input type="text"/>
Permanent Address :	<input type="text"/>
Business Type : *	<input type="text"/> <input type="button" value="Choose your Business Type"/>
Organization Name :	<input type="text"/>
Mobile No : *	<input type="text"/>
Landline No :	<input type="text"/>
Email :	<input type="text"/>
Fax :	<input type="text"/>
<input type="button" value="Submit Details"/> <input type="button" value="Cancel"/>	

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- User registered with EOBI :

- Anyone Mobile No is acceptable if you don't have Mobile No.
- After registration go Bank to submit your contribution.
- Please contact EOBI Regional Office in case you face any problem using this system.

Self Insured Person Info

Applicant Name: * MUHAMMAD SHAHBAZ

Date of Birth: * Apr 4, 1979 Gender: * Male

EOBI No: (if any)

NIC :

Contact Info

Province : *

Present Address

Permanent Address : KARACHI SINDH PAKISTAN

Business Type : * Growing of cereals (except rice), leguminous crops and oil s

Organization Name :

Mobile No : * 03002295493 Landline No :

Email : Fax :

 Your information has been submitted successfully. In order to complete the registration process, please generate electronic voucher and deposit your contribution in Bank.

- Self Insured Person Electronic Voucher



EOBI's Facilitation System for Employers and Employees

This System operates between these hours:
Monday - Friday: 9am - 7pm
(Currently it is 8:41AM PST)

Want to know about your Employment
or Contribution History ?

-  **Employment History**
-  **Employee Contribution Account**

In case of any queries contact us via:
Email: WAHelp@eobi.gov.pk
Toll Free No.: **08000-EOBI (3624)**

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Want to know about the System?
Download and read the following:

-  **Quick Guide**
-  **Operational Manual**
-  **New Features**

Registration (New)

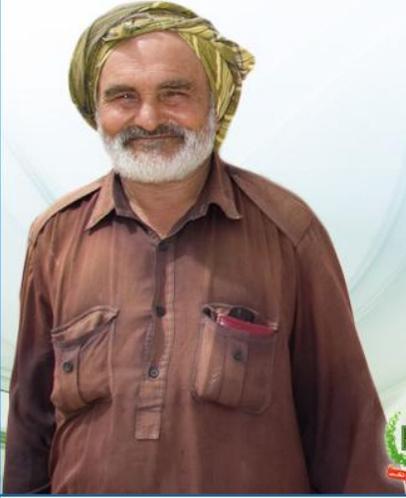
- Self Insured Person
- Self IP Voucher**
- Online Employer
- Prospective Employer
- Prospective Employer

Please Sign in to access this site

User ID:

Password:

[Forgot Password](#) | [Create Profile](#)



- Provide the CNIC and contribution period.

New NIC	42301-1080790-1	From Date	Apr 4, 2012	To Date	Apr 4, 2012
					For the year : 2011 - 12
 <p>Employees' Old-Age Benefits Institution</p>		<h2>CONTRIBUTION PAYMENT SLIP</h2>			<p>Voucher No: 4000000003</p>
PR - 03B Under Rule 3(9) of the Employees' Old-Ag Benefits (Contribution) Rule 1976					
Self Insured Person Copy			EOBI - Contribution Payment Slip		
Employee's Name MUHAMMAD SHAHBAZ					
Employee's CNIC 42301-1080790-1			Employee's NIC _____		
Employee's EOBI No _____			Date of Birth Mar 8, 1984		
Employee's Address _____					
Employee's Mobile No 03002295493					
Contribution's Month(s) April, 2012					
Contribution's Amount Rs. 420					
Contribution Paid Through Cash <input type="checkbox"/> Cheque/ DD/ Payorder No. _____					
✂					
EOBI Copy			EOBI - Contribution Payment Slip		
Employee's Name MUHAMMAD SHAHBAZ					
Employee's CNIC 42301-1080790-1			Employee's NIC _____		
Employee's EOBI No _____			Date of Birth Mar 8, 1984		
Employee's Address _____					
Employee's Mobile No 03002295493					

- Reminder Email will be sent to Self Insured Person to deposit his contribution in bank

Payment Not Received - Google Chrome

<https://apps.rackspace.com/versions/webmail/8.10.10-RC/popup.php?wsid=9b9aa7a1b1019dff2067366dc27d6dd5d1ce6a48#1>

Reply Reply All Forward X [Folder Icon] [Print Icon] More [Up Arrow] [Down Arrow]

Payment Not Received
From: noreply@eobi.gov.pk [Add to Contacts](#)
Sent: Thu, Apr 19, 2012 at 2:53 am
To: asjad.saboor@techlogix.com



Payment Not received!

Dear Asjad Saboor!

You have successfully registered as Self Insured Person with EOBI on 12 Apr 2012, But you have not submitted your contribution in bank.

Kindly submit your contribution in bank to complete the Self Insured Person registration process.

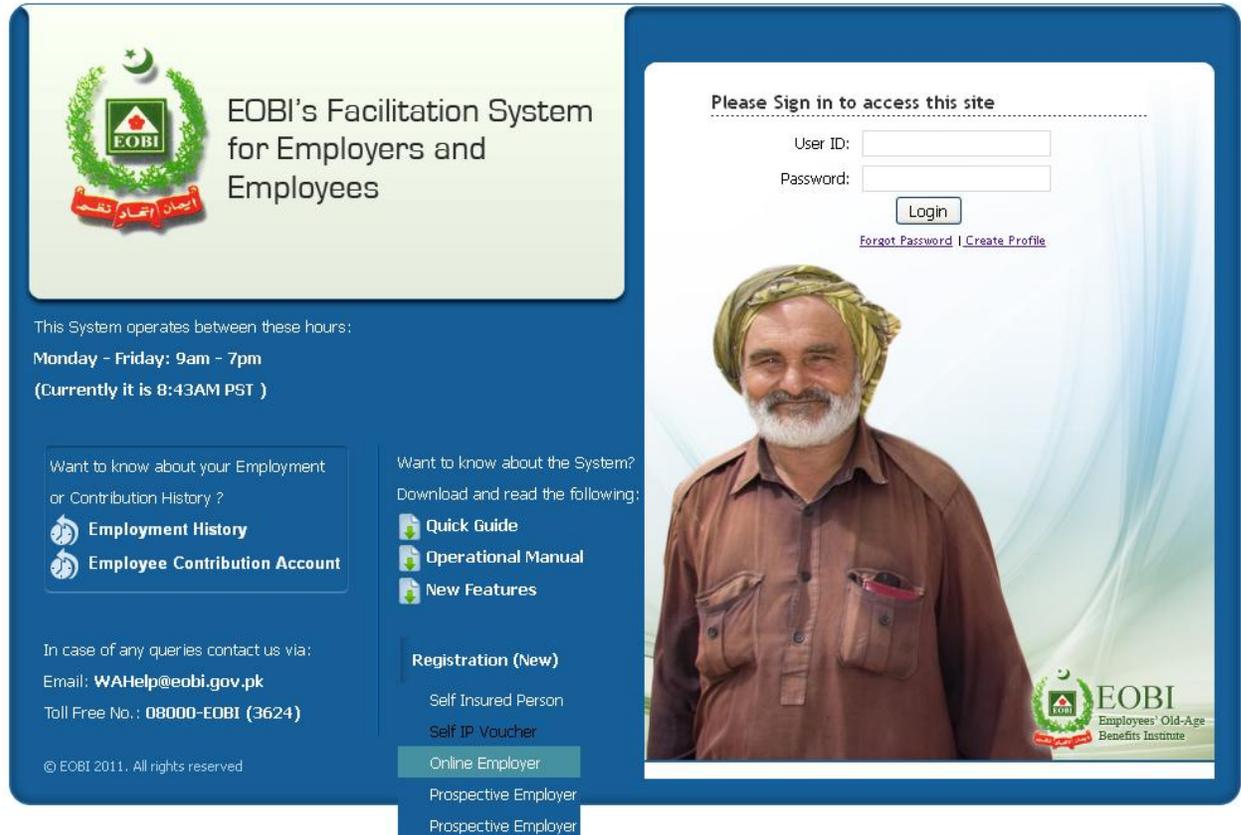
Incase of any issue/ query contact the following :

Email: helpdesk@eobi.gov.pk
UAN: 08000-EOBI (3624) (during office hours 8 AM to 3 PM)

**Yours Sincerely,
The EOBI Team**

2. Online Employer Registration

- Click on “Online Employer” link:



EOBI's Facilitation System
for Employers and
Employees

This System operates between these hours:
Monday - Friday: 9am - 7pm
(Currently it is 8:43AM PST)

Want to know about your Employment
or Contribution History ?

- Employment History
- Employee Contribution Account

Want to know about the System?
Download and read the following:

- Quick Guide
- Operational Manual
- New Features

In case of any queries contact us via:
Email: WAHelp@eobi.gov.pk
Toll Free No.: 08000-EOBI (3624)

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Registration (New)

- Self Insured Person
- Self IP Voucher
- Online Employer
- Prospective Employer
- Prospective Employer

Please Sign in to access this site

User ID:

Password:

Login

[Forgot Password](#) | [Create Profile](#)

EOBI
Employees' Old-Age
Benefits Institute

- Fill the Online Employer Registration form and click submit detail, you will get an email once regional officer will approve your request:

Application for Online Employer's Registration

Instructions for Online Employer's Registration

- Please fill the following form to request for an employer.
- It is compulsory for user to provide the mandatory information (highlight with red asterisk).
- Please contact EOBI Regional Office in case you face any problem using this system.

Employer Info	
Establishment Name: *	<input type="text"/>
Establishment Type:	Head Office <input type="button" value="v"/>
Male Employees :	<input type="text" value="0"/>
Female Employees :	<input type="text" value="0"/>
Total Employees :	0
Disabled out of total Employees (if any) :	<input type="text" value="0"/>
NTN No:	<input type="text"/>
Business Type : *	<input type="text"/> <input type="button" value="Choose your Business Type"/>
HO Reg No.	<input type="text" value="0"/>
Business Nature :	Manufacturing <input type="button" value="v"/>
Sector :	Government <input type="button" value="v"/>
Form of Business :	Corporation <input type="button" value="v"/>
Date of Establishment: *	<input type="text"/> <input type="button" value="Calendar"/>
Contact Info	
Applicant Name: *	<input type="text"/>
Designation:	<input type="text"/>
Email :	<input type="text"/>
Office Phone No : *	<input type="text"/>
Mobile No :	<input type="text"/>
Fax :	<input type="text"/>
Office Website :	<input type="text"/>
Employer Address	
Province :	SINDH <input type="button" value="v"/>
City :	ALI BANDAR <input type="button" value="v"/>
Address : *	<input type="text"/>
<input type="button" value="Submit Detail"/>	

- Your information has been submitted:

Application for Online Employer's Registration

Instructions for Online Employer's Registration

- Please fill the following form to request for an employer.
- It is compulsory for user to provide the mandatory information (highlight with red asterisk).
- Please contact EOBI Regional Office in case you face any problem using this system.

Employer Info	
Establishment Name: *	ONLINE EMPLOYER
Establishment Type:	Head Office <input type="button" value="v"/>
Present Employees (male):	10
Present Employees (female):	10
Present Employees (disabled):	5
Business Nature :	Manufacturing <input type="button" value="v"/>
Form of Business :	Government <input type="button" value="v"/>
Establishment Date	
Business Type : *	Business Type


The information has been submitted successfully, You will receive confirmation email after regional officer approval.

Contact Info	
Applicant Name: *	ONLINE EMPLOYER
Designation:	software eng
Email :	abc@online.com
Landline No :	234234234
Mobile No :	034332423424
Office Phone No :	
Fax :	

Employer Address	
Province :	SINDH <input type="button" value="v"/>
City :	KARACHI <input type="button" value="v"/>
Address : *	LOCATION IS THIS

- Case Forward to the DDG on basis of city selected.
- When successfully registered, you will get the below mentioned Email.

Congratulations, You are registered successfully!

Dear M/S ABC EMPLOYER!

You are registered successfully with EOBI and your relevant information is given below:

Employer Code:	ABC12345
Employer Name:	ABC EMPLOYER

We really appreciate your taking time off and performing this task. The next activity from your side would be the **Reporting of Employees**.

Incase of any issue/ query contact the following :

Email: helpdesk@eobi.gov.pk

UAN: 08000-EOBI (3624) (during office hours 8 AM to 3 PM)

**Yours Sincerely,
The EOBI Team**

3. Prospective Employer Registration

3.1 Prospective Employer Registration

- User can provide the prospective employer information via csv file or via filling the below form:



Application for Prospective Employer Registration

Instructions for Prospective Employer Registration

- Please fill the following form to request for an employer.
- It is compulsory for user to provide the mandatory information (highlight with red asterisk).
- **Your information will be remain confidential.**
- Please contact EOBI Regional Office in case you face any problem using this system.

Prospective Employer Info

Establishment Name: *

Business Nature : **No Of Employees:**

Province : **City :**

Address : *

Source:

[Click here](#) **If you want to share your information with EOBI.**

Informer Name: **Organization Name:**

Informer Email: **Informer Phone No:**

Remarks:

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- Information has been submitted

EOBI's Facilitation System for Employers and Employees

Application for Prospective Employer Registration

Instructions for Prospective Employer Registration

- Please fill the following form to request for an employer.
- It is compulsory for user to provide the mandatory information (highlight with red asterisk).
- **Your information will be remain confidential.**
- Please contact EOBI Regional Office in case you face any problem using this system.

Prospective Employer Info

Establishment Name: * PROSPECTIVE EMPLOYER

Business Nature: Manufacturing No. Of Employees: 10

Province: CHI

Address: *

Source:

[Click here](#) If you want to share your information with EOBI.

Informer Name: M. Jamal Organization Name: Company ABC

Informer Email: abc@abc.com Informer Phone No: 0343123456

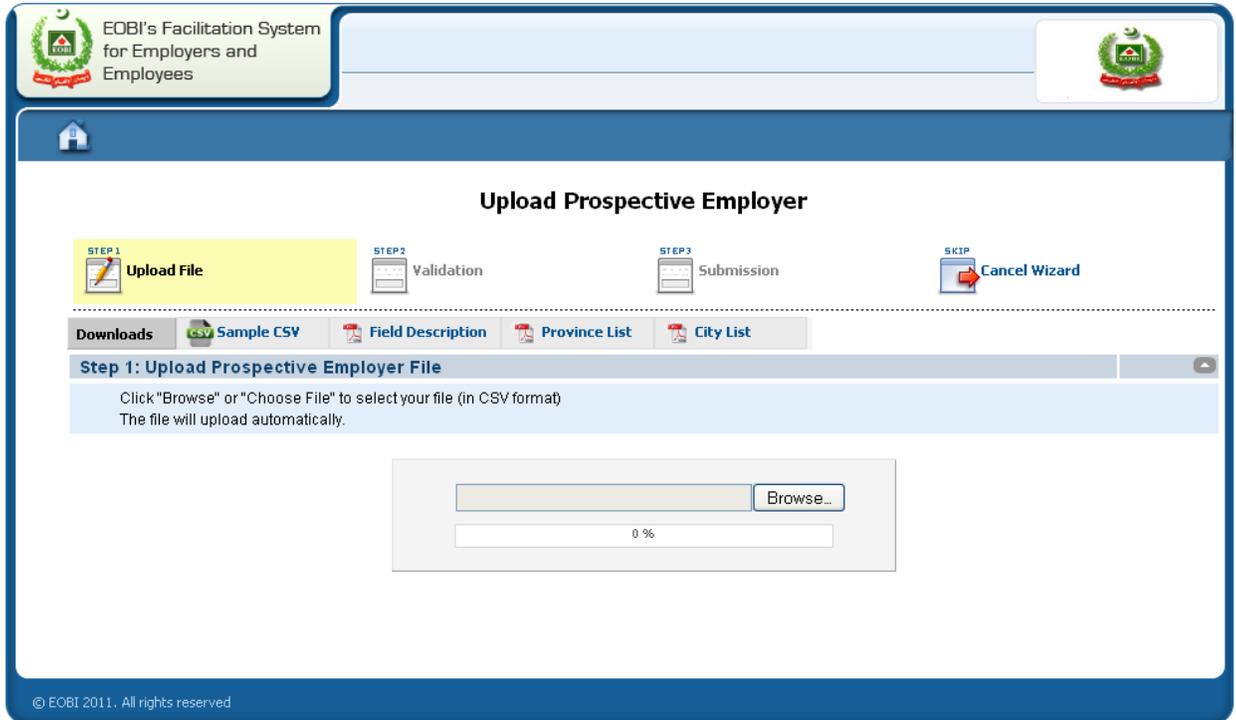
Remarks: tet

The information has been submitted successfully, Thanks for you cooperation.

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3.2 Prospective Employer via csv file

- User can register multiple prospective employer via providing csv file:



EObI's Facilitation System for Employers and Employees

Upload Prospective Employer

STEP 1 **Upload File** | STEP 2 Validation | STEP 3 Submission | SKIP Cancel Wizard

Downloads | **Sample CSV** | Field Description | Province List | City List

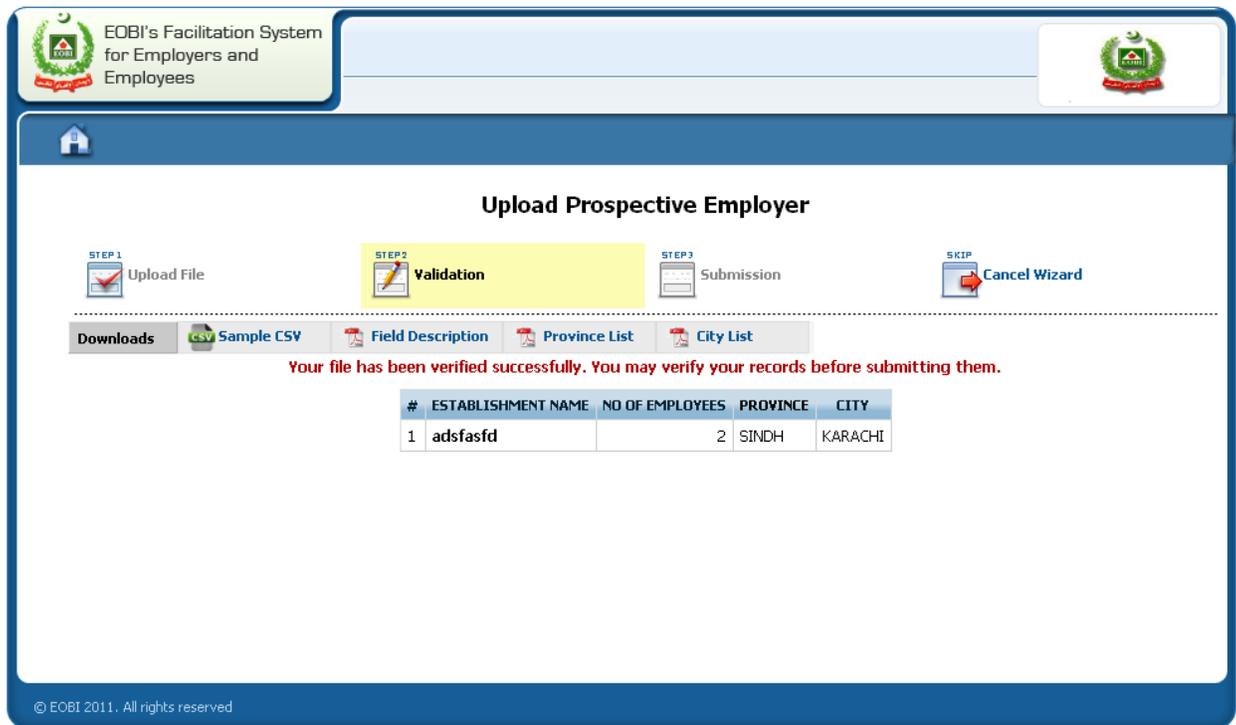
Step 1: Upload Prospective Employer File

Click "Browse" or "Choose File" to select your file (in CSV format)
The file will upload automatically.

0 %

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- Provide your CSV formatted file and verified by system :



EObI's Facilitation System for Employers and Employees

Upload Prospective Employer

STEP 1 Upload File | **STEP 2 Validation** | STEP 3 Submission | SKIP Cancel Wizard

Downloads | **Sample CSV** | Field Description | Province List | City List

Your file has been verified successfully. You may verify your records before submitting them.

#	ESTABLISHMENT NAME	NO OF EMPLOYEES	PROVINCE	CITY
1	adsfasfd	2	SINDH	KARACHI

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- Click the submission and mark the endorse check, multiple prospective employer information submitted successfully:

