



**EMPLOYEES
OLD-AGE BENEFITS
INSTITUTION**

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. Gender: _____ 3. Handicapped: Y / N (Fill 4, only if 3 is Y)
4. Nature of disability: Visual Hearing Speaking Limbs
Other _____
5. NIC: _____ CNIC: _____
6. Father's/Husband's Name: _____
7. Address: _____

8. Name & Address of the present Employer: _____

9. Date of joining the present Employer: _____
10. Detail of previous employments (If any):

Employer name & address	Date of joining	Date of leaving	Last wage drawn

Signature/ Thumb Impression

Dated: _____