# INFORMATION TO BE PROVIDED BY PROPOSED DIRECTOR

|  |  |
| --- | --- |
|  | **Curriculum Vitae/Resume containing:** |
|  | **Name** |  |
|  | **Father’s Name** |  |
|  | **CNIC** |  |
|  | **Nationality** |  |
|  | **Age** |  |
|  | **Contact details:** |  |
|  | 1. *Residential address*
 |  |
|  | 1. *Business address*
 |  |
|  | 1. *Tel*
 |  |
|  | 1. *Mobile*
 |  |
|  | 1. *Fax*
 |  |
|  | 1. *E-Mail*
 |  |
|  | **National Tax Number**  |  |
|  | **Present Occupation** |  |
|  | **Details of Academic and Professional Qualifications** |  |
|  | **Experience (During last 10 years)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company | Nature of Company | Position Held | Dates of Position Held |
|  |  |  |  |

 |
|  | **Nature of Directorship** | [ ] Executive[ ] Non-Executive[ ] Independent[ ] Non-Independent[ ] Shareholder[ ] Nominee |
| **Status of Directorship** | [ ] Shareholder[ ] Nominee

|  |  |
| --- | --- |
| Number of shares subscribed or held: |  |

 |
|  | **Names of companies, firm and other organization of which the proposed person is a director, partner, office holder** |  |
|  | **Date of BOD Meeting** |  |
|  | **Names of persons on the board of the insurance company who are related to the applicant** |  |

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**Signature**