



PAKISTAN REINSURANCE COMPANY LIMITED
DECLARATION OF FAMILY UNDER REGULATION-10
OF PRC STAFF (MEDICAL) ATTENDANCE REGULATION 1969

I _____ S/o _____ employed as _____ in Pakistan Reinsurance Company Limited do hereby state on solemn confirmation the following members as mentioned in **Part- I and Part-II** are my eligible dependent family members:-

Part-I (List of Eligible Dependent Family Members)

S#	Name	Relation	Date of Birth/Age	Profession/Qualification	Marital Status	Occupation	Details	Mark of Identification	CNIC #

Part-II (Parents)

S#	Name	Relation	Date of Birth/Age	Profession/Qualification	Marital Status	Occupation	Details	Mark of Identification	CNIC #

(SIGNATURE)



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Name	_____
Designation	_____
Department	_____
CNIC #	_____
Residential Address	_____

Personal Code	_____
Medical Code	_____

I hereby solemnly declare that the information furnished in this declaration are true and that I have not withheld any information. I further hereby undertake in case of any wrong doing/misinformation, PRCL may take actions as per applicable rules and laws.

(SIGNATURE)