**APPLICATION FORM FOR THE POST OF CHIEF EXECUTIVE OFFICER**

**(PAKISTAN REINSURANCE COMPANY LIMITED)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **PERSONAL** | | |  |  |
|  | a. | Name (former name if any) | | : |  |
|  | b. | Father’s or Husband Name | | : |  |
|  | c. | C.N.I.C # (attach copy) | | : |  |
|  | d. | Nationality | | : |  |
|  | e. | Age | | : |  |
|  | f. | Contact Details | |  |  |
|  |  | i) | Residential Address | : |  |
|  |  | ii) | Business Address | : |  |
|  |  | iii) | Tel | : |  |
|  |  | iv) | Mobile | : |  |
|  |  | v) | Fax | : |  |
|  |  | vi) | E-mail | : |  |
|  | g. | National Tax Number | | : |  |
|  | h. | Present Occupation | | : |  |
|  | i. | **Qualification (s)** | | : |  |
|  |  | **i)** | **Academic:** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | S.No. | Name of Institution | Duration | Degree /  Diploma | % Marks  Obtained | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | |
|  |  | **ii)** | **Professional:** | | |
| |  |  |  |  | | --- | --- | --- | --- | | S.No. | Name of Institution | Duration | Degree /  Diploma | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **2.** | **WORK EXPERIENCE:**  **(Positions held since the first professional assignment in descending order)** | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | S.No. | Organization | Duration | Job  Responsibilities | Major Achievements  reflecting  qualifications /  abilities matching to  the post | Reason  for  leaving | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| **3.** | | Name of companies, firms and other organizations of which the proposed person is a  Director, partner, office holder. |
| **4.** | | Name of persons on the board of the Pakistan Reinsurance Company Limited  who are related to the applicant (if any) |

|  |  |
| --- | --- |
| **5.** | What are the current issues and challenges in the Insurance Sector of Pakistan and  How can Pakistan Reinsurance Company Limited help this sector being a public sector entity?  (Write 700 to 800 words). (Optional) |
| **6.** | What makes the applicant the most suitable candidate for the position of CEO,  Pakistan Reinsurance Company Limited?  (Write 400 to 500 words). (Optional) |

**I UNDERTAKE THAT I FULLFILL THE CRITERIA OF FIT AND PROPER AS DEFINED IN THE**

**INSURANCE COMPANIES SOUND AND PRUDENT MANAGEMENT REGULATIONS, 2012**

**AND SOE ACT (C-LEVEL APPOINTMENT) GUIDELINES 2024.**

Signature:

Date:

**Kindly attach the following documents in support of your application:**

1. Application for the post.
2. Detailed CV / Resume containing all the relevant details regarding the academic and

professional experience of the applicant.

1. Copies of ID Card, National Tax Number (NTN), academic transcripts / degrees and

testimonials from former employers attested by a gazette officer.

1. Three latest passport size pictures
2. Declaration on stamp paper as at Schedule- II, STATE OWNED ENTERPRISES (C-LEVEL APPOINTMETNS) GUIDELINES 2024. (Attached at page-4)

***Please send your application along with above mentioned documents to:***

***Chief Human Resources Officer, 14th Floor PRC Towers 32-A Lalazar Drive M.T Khan Road, Karachi.***

***Email:*** [***inayatullah@pakre.org.pk***](mailto:inayatullah@pakre.org.pk)

**Schedule-II**

DECLARATION TO ACCOMPANY THE APPLICATION FORM FOR THE POST OF CHIEF EXECUTIVE OFFICER OF PUBLIC SECTOR COMPANY

1. I……………………………………Son/daughter of………………………….holder of CNIC No……………………….

hereby declare that I am not ineligible to act as a…………………….. in terms of Fit and Proper Criteria under the SOEs Act.

1. I further declare that I am not suffering from any present or perceived conflict of interests which would interface with the exercise of independent judgment when acting in the capacity of………………….. of the company or would be disadvantageous to the interests of the SOE.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (In Block Letters)

Designation, NIC Number and Full Address

Date:

Place:

Witness to the signature:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name, Father Husbands

Name (In Block Letters) NIC Number, Occupation Full Address

Note: To be made on stamp paper of requisite amount duly verified by Oath Commissioner.