**APPLICATION FORM**

**FOR THE POST OF CHIEF EXECUTIVE OFFICER**  
**PAKISTAN REINSURANCE COMPANY LIMITED (PRCL)**

**1. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Field** | **Details** |
| a. Full Name (former name, if any) |  |
| b. Father’s / Husband’s Name |  |
| c. CNIC No. (attach copy) |  |
| d. Nationality |  |
| e. Date of Birth / Age |  |
| f. Contact Details: |  |
| 1. Residential Address |  |
| 1. Business Address |  |
| 1. Telephone (Landline) |  |
| 1. Mobile Number |  |
| 1. Fax Number |  |
| 1. E-mail Address |  |
| g. National Tax Number (NTN) |  |
| h. Present Occupation / Designation |  |

1. **Academic Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Institution Name** | **Duration** | **Degree / Diploma** | **% Marks / Grade** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. **Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Institution Name** | **Duration** | **Certification / Diploma** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**2. PROFESSIONAL WORK EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Organization** | **Duration** | **Designation & Responsibilities** | **Key Achievements** | **Reason for Leaving** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**3. KEY OFFICER EXPERIENCE**

*(As per Fit and Proper Criteria of Insurance Companies (Sound and Prudent Management) Regulations, 2012)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Organization Name** | **Position Held** | **Duration** | **Key Responsibilities** | **Nature of Key Officer Role** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

*Note: Please attach verifiable evidence and supporting documents, confirming Key Officer Experience.*

**4. AFFILIATIONS / DIRECTORSHIPS HELD**

Please list the names of companies, firms, or other entities where you currently hold or have previously held directorships or partnerships:

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Organization Name** | **Position** | **Duration** |
| 1 |  |  |  |
| 2 |  |  |  |

**5. ANALYSIS OF INSURANCE SECTOR & PRCL’S ROLE *(Write 500 to 800 words) – Optional***

Please provide your professional assessment of the challenges in the insurance sector of Pakistan and how PRCL, being a public sector reinsurer, can play a role in addressing those challenges.

**6. WHY YOU ARE THE BEST SUITED CANDIDATE FOR THE POSITION *(Write 200 to 500 words) – Optional***

Share a concise statement outlining your suitability, leadership attributes, regulatory awareness, technical qualifications, and organizational vision that makes you the ideal choice for CEO of PRCL.

**7. FIT & PROPER CRITERIA UNDERTAKING**

I hereby declare and undertake that I fulfill all the conditions of “Fit and Proper Criteria” under:

* The **Insurance Companies (Sound and Prudent Management) Regulations, 2012**,
* The Schedule IV of **State-Owned Enterprises (Governance and Operations) Act, 2023**, and,
* Any other applicable laws / regulations.

**Signature**:

**Full Name**:   
**Date**:

**DOCUMENTS TO BE ATTACHED**

1. Application form (duly filled and signed)
2. Detailed CV/Resume (covering academic and professional details)
3. Copies of CNIC, NTN, academic degrees, professional certifications, and testimonials from past employers (attested copies)
4. Three latest passport-size photographs
5. Duly notarized Declaration on Stamp Paper (Schedule-I)

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

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

***Email: skumar@pakre.org.pk***

**SCHEDULE-I**

**DECLARATION TO ACCOMPANY THE APPLICATION FORM FOR THE POST OF CHIEF EXECUTIVE OFFICER OF PUBLIC SECTOR COMPANY – STATE-OWNED ENTERPRISES (C-LEVEL APPOINTMENTS)**

1. I……………. Son/daughter of……………………., holder of CNIC No……………. hereby declare that I am not ineligible to act as a Chief Executive Officer in terms of Fit and Proper Criteria under the SOEs Act.
2. I further declare that I am not suffering from any present or perceived conflict of interests which would interfere 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 (Block Letters):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Designation, CNIC & Full Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness:**  
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Full Name (Block Letters):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Father’s / Husband’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**CNIC No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Occupation & Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be submitted on appropriate Stamp Paper, duly notarized by an Oath Commissioner.*