

**Information of Director**

1	<b>Curriculum Vitae/ Resume Containing:</b>		
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):		
	<b>i) Academic:</b>		
	S.No.	Name of Institution	Degree / Diploma
	1		
	2		
	3		
	4		
	<b>ii) Professional:</b>		
	S.No.	Name of Institution	Degree/ Diploma
	1		
	2		
	3		
	4		

j	<b>EXPERIENCE:</b> <b>(Positions held during the last 10 years along with name and address of company institution)</b>					
	Sr. No.	Organization Name	Position Held	Date of Appointment	Nature of Organization	Organization Address
	1					
	2					
	3					
	4					
	5					
	6					
	7					
2.	Nature of directorship		Executive <input type="checkbox"/> Non-Executive <input type="checkbox"/> Independent <input type="checkbox"/> Non-Independent <input type="checkbox"/>			
	Status of directorship		Shareholder <input type="checkbox"/> Nominee <input type="checkbox"/>			
	Nominated by (Name of Shareholder):					
	Number of shares subscribed or held:					
3.	Names of companies, firms and other organizations of which the proposed person is a director, partner, office holder.					
4.	In the case of appointment of directors the date of board of directors' meeting in which the appointment of proposed director was approved. (Attach copy of the minutes of the meeting of the board of directors. If the director is elected, then attach a copy of the minutes of the general meeting of the company.) Attached					
5.	Names of persons on the board of the Insurance Company who are related to the applicant.					

SIGNATURE \_\_\_\_\_