



EMPLOYEE PARTICULARS FORM

Please
attach
photo
here
(Mandatory)

Please open this form using Adobe Acrobat Reader.
Type (in English) in the fields provided.

PERSONAL INFORMATION

First Name David Middle Name Nill Last Name Masih
Gender Male Marital Status Married National Identifier # Nill
Nationality Pakistani Color of eyes Visible distinguishing Marks Nill
Passport # B9617390 Date of Issue 15 Mar 2013 Date of expiry 13 Mar 2023
Date of Birth 05-sept-1982 Place of Birth Karachi Religion Christian
Home Country Address House # 927 street # 11 azambasti mehmoodabad karachi
..... (Nearest airport) Jinnah Airport Karachi
Home phone # (.....) Mobile # (.....) +92300 3465117
Email address: davidmasihnazar@gmail.com
Languages Spoken Urdu, English, Punjabi
Hobbies Nill
Father's Name Nazir Masih Mother's Name Basheera Bibi

MEDICAL INFORMATION

Blood Group Any Antibiotic Reactions: Nill Current Medications Nill
Medical conditions e.g. Allergies, Heart disease Nill
Name of personal Physician (if any) Nill Physician's phone # (.....) Nill

EMERGENCY CONTACT INFORMATION

(Emergency Contact in base location)

Name of person to be contacted Yaqoob Nazir Relationship Brother
Address Al nud qasmia flat # 902 sharjah
Home phone # (.....) Nill Mobile # (.....) 0504226585

(Emergency Contact in home country; not applicable for locals)

Name of person to be contacted Josphine Relationship Sister
Address House # 927 street # 11 azambasti mehmoodabad karachi
Home phone # (.....) Nill Mobile # (.....) +92300 3465117

SPECIAL QUESTION

(Please note that this question will be proof of your identity in case of emergency situations)

Desired Secret question What is your favourite Color?
Answer: White





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EMPLOYMENT HISTORY

(You can use an additional sheet if the space is not enough or attach a detailed CV)

Name of Company..... Dreco Middle East
 Position Warehouse Coordinator From..... 2008 To 2020
 Name of Company.....
 Position From..... To
 Name of Company.....
 Position From..... To
 Name of Company.....
 Position From..... To

EDUCATION HISTORY

(You can use an additional sheet if the space is not enough)

Name of School..... St Paul School
 Qualification Matriculation Year Attained 2006
 Name of School..... Nill
 Qualification Nill Year Attained Nill

FAMILY INFORMATION

(You can use an additional sheet if the space is not enough)

Spouse Name Ambreen David Nationality Pakistani Occupation House wife
 Date of Birth 29 Mar 1986 Passport # E6706311 Country of Residence Pakistan
 1st Child Name Ifrahim David Gender Male Nationality Pakistani
 Date of Birth 01 Sept 2013 Passport # F5257630 Country of Residence Pakistan
 2nd Child Name Daniel David Gender Male Nationality Pakistani
 Date of Birth 02 Jan 2015 Passport # E6706294 Country of Residence Pakistan
 3rd Child Name Gender Nationality
 Date of Birth Passport # Country of Residence
 4th Child Name Gender Nationality
 Date of Birth Passport # Country of Residence

PROCEEDS AND BENEFITS BENEFICIARIES

(Beneficiary nominations)

Full Name Ambreen David Relationship Wife Percentage 30
 Full Name Ifrahim David Relationship Son Percentage 35
 Full Name Daniel David Relationship Son Percentage 35

EMPLOYEES DECLARATION

By submitting this form, I confirm that I have filled it voluntarily and under no obligation. I understand that NOV reserves the right to use this information as deemed appropriate for the purposes of safe guarding its employees and businesses as needed.
 This form will be kept in the safe custody of the office, and may be used by NOV corporate security if the situation demands.

Employee Signature  Date..... 29 / Mar / 2022





Expression of Wish

Your nomination will be treated as confidential. Kindly complete the below details and sign.

Employee Name	David Masih		
Nationality	Pakistani	Date of Birth	05-Sept-1982
Division/Location	Karachi	Employee No.	152699

In the event of my death, I wish NOV to exercise its discretion under the rules of the Scheme and to consider applying any lump sum death benefit arising under the Scheme as indicated below.

I understand that this form indicates an expression of wish only; there is no binding on NOV and I may alter or cancel it at any time. This form supersedes any previously completed Form.

Full Name	Gender	DOB DD-MM-YYYY	Nationality	Relationship	Benefit proportion*
1. Ambreen David	Female	29 Mar 1986	Pakistani	Wife	30 %
2. Ifrahim David	Male	01 Sept 2013	Pakistani	Son	35 %
3. Daniel David	Male	02 Jan 2015	Pakistani	Son	35 %
4.					%
5.					%

Note: We request you not to nominate minors (age under 18) to avoid any delay in the settlements. If you wish to nominate more than five beneficiaries please mention their details on an additional paper, kindly ensure that all nomination paperwork is signed.

*Benefit proportion total should be 100% divided among the declared nominees.

Employee Signature

Date 29 Mar 2022