Emmigrant/Employee Registration Through OEP Form

OEPE-RF-02

Bureau of Emigration & Overseas Employment Government of Pakistan

(Before filling out the form; Please read the instructions from the end of form)

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|--|--|---------------|---|-------------|-----|------------|----------|-----------|-----------|----------|--------------|-------------------|------|--------|
| Com | puterized Registration | 7: | | | | PE Offi | | | | | | | | |
| | (Office Use Only) | | | | ((| Office Use | Only) | | | | | | | |
| 1. | Date: | 2 6 | - 0 | 2 | - | 2 0 | 2 | 5 | (dd,mm, | уууу) | | | | |
| OEP Information | | | | | | | | | | | | | | |
| 2. | Name of OEP/Agency | : MANS | OL MA | NPO | WER | R SOL | UTI | ONS | | | | | | |
| 3. | Licence No.: | L H | I R | | 3 | 0 | 5 | 4 | | | | | | |
| 4. | Permission No: | 540318 | | | | 5 | . Da | te: | | 2 | |) 2 - (dd/mm/y | 2 0 | 2 5 |
| <u>Em</u> | Emigrant Personal Information: | | | | | | | | | | | | | |
| 6. | Name: | M U | J H | A A | M | M | A | D | | W | A | S | Е | Е |
| 7. | Father's / Husband's | | | | | | | | | | ļ | | | |
| | Name: | | MUHAMMAD SHABBIR | | | | | | | | | | | |
| 8. 9. | Emigrant CNIC No: Gender: | | 3 3 1 0 2 5 9 5 3 3 3 9 1 ■ Male □ Female | | | | | | | | | | | |
| Emigrant Contact Detail: | | | | | | | | | | | | | | |
| 10. | Cell No. | 0 3 | 3 4 | 9 | | 4 | 9 | 0 | 0 | 7 | 3 | 7 | | |
| 11. | Email | | | | - | | | - | | | - | | | |
| 12. | Address | SAT | IY | A N | Α | R |) A | D | НО | US | S E | N | О | 2 6 |
| | (In Pakistan): | 7 | | НА | LL | + | | ΥO | U N | +- | | - | w n | |
| 13. | City: | | | • | | | Distri | | | | | | | |
| | | | | | | | Domic | ile: | | | | | | |
| 11. | Province | | | | | | | | | | | | | |
| | cational Details: | | | | | | | | | | | | | |
| 16. Qualification: no_formal_education | | | | | | | | | | | | | | |
| Em | <u>igrant Passport Inforn</u> | nation: | | | | | | | | | | | | |
| 17. | Passport No. | C M | 1 9 | 5 | 9 | 3 | 3 | 9 | 1 | | | | | |
| 18. | Place of Issue | lahore | • | | • | 19 | 9. Da | | • | 2 | 0 1 | 8 - C | 5 - | 0 2 |
| "N | ext of Kin" Informatio | · | | | | _ | Iss | ue: | | | | (dd/mm/y | ууу) | |
| 20. | Name of Nominee: | <u>u.</u> | | | | | | | | | | | | |
| 21. | CNIC No: | | | | | | 1 | | | <u> </u> | T | | | |
| 22. | | | | | | | | | | | | | | 1 |
| 22. | Relationship | | | | | | | | | | | | | |
| | Fee Receipts Titles | Receipts Nos. | Bank/Lo | cation Na | ime | Bank I | Branch N | ame / Bra | nch Code | | Date (dd/mm/ | | Amou | nt(RS) |
| 23. | NADRA / NICOP | 4350304643339 | NADRA | | -+ | | | | | + | - ' | / | | |
| 24. | Welfare Fund | | NBP | | | 117 G M | odel Tov | vn (Prote | ctor Offi | ce) | | | 4000 |) |
| 25. 1 | Insurance Fee | | NBP | | | 117 G M | | | | | | | 2500 | |
| | Registration Fee | | NBP | | | 117 G M | | | ctor Offi | ce) | | | 500 | |
| | Bank Certificate/Service ges (OEP refundable) | | ABL | | | New Air | ort Roa | d | | | | | 1500 | 00 |
| 28. | OEC | OEC FEE | NBP | | | 117 G M | odel Tov | vn (Prote | ctor Offi | ce) | | • | 200 | |
| | | | NBP | | | | | | | | | | 10 | |

| Terms and Conditions | | | | | | | | | | |
|--|--|---|---|--------------|---------|---------|--|--|--|--|
| Emi * For | grant Job Detail: job title and category see reference | e from the annexure-A. | | | | | | | | |
| 30. | *Skill Level: | | | | | | | | | |
| 31. | (Office Use Only) *Job Category: | | | | | | | | | |
| J1. | (Office Use Only) | | | | | | | | | |
| 32. | Job Title: | | | | | | | | | |
| 33. | Salary Rate: | 34. Period of Contract: 0 2 - 0 0 - 0 0 (Years-Months-Days) | | | | | | | | |
| 35. | Other: | ` | | | | | | | | |
| * | *Other fringes benefits are provided according to the local labour laws. | | | | | | | | | |
| <u>Ет</u> р | Employer Detail: | | | | | | | | | |
| 36. | Company Name: | GULF STEEL WORKS | | | | | | | | |
| | ! | SAUDIA ARABIA | 38. City: | AL | KHOBER. | , K.S.A | | | | |
| Declaration: | | | | | | | | | | |
| 1) The OEP shall be held responsible under Emigration Ordinance, 1979 and Rules made there under, if visa is false/forged or any terms/conditions varies/unsatisfied. 2) I (Emigrant) fully understand the terms and conditions of employer and agreed to the job as mentioned in agreement. | | | | | | | | | | |
| 3) I (Emigrant) will abide the terms and conditions mentioned in contract. 4) I (Emigrant) fully understand the procedure and time limits to put my complaints against Employer / OEP. 5) We hereby declare that the information/documents/visa (copy of visa) that we provided is correct/genuine and for any wrong information or any documents found forged/bogus; we are responsible for that under relevant law and can't make any disciplinary/legal action on the behalf of my registration in Protectorate | | | | | | | | | | |
| of Emigrant Office if the information provided is wrong. Instructions: | | | | | | | | | | |
| -Please fill the form clearly and using BLOCK/CAPITAL LETTERS. No small letters accepted. It is preferred to accept the form filled using computer/typewriter, can also be downloaded from BEOE website (http://www.beoe.gov.pk/downloads/) - Please attach a passport size photograph of emigrant. | | | | | | | | | | |
| | | | 4 | | | | | | | |
| Signature / Stamp of OEP Signature of Emigrant / Employee | | | | | | | | | | |
| | | (Office U | Ise Only) | | | | | | | |
| 39. | Registration #: | | | | | | | | | |
| 40. | Date: | | 1// | (dd,mm,yyyy) | | | | | | |
| Chec | | | | _ | | | | | | |
| | Selection made through adver- | rtisement/nomination | | | ☐ Yes | □ No | | | | |
| | 2. Are passport/visa in order | | | | ☐ Yes | □ No | | | | |
| | 3. Fields from 23 to 28 are chec | | | | ☐ Yes | □ No | | | | |
| | 4. Are □ passport / □ visa in €5. Whether the emigrant properly | | | | ☐ Yes | □ No | | | | |
| | 8 1 1 | ily briefed ID,NICOP,4 Fee Receipts, Passport, V | Gea Travel Documents) / | Attached | ☐ Yes | □ No | | | | |
| L, | 0. Ochuliciess of documents (1 | D,MCOI,4 rec receipts, 1 assport, 1. | Isa, Havei Documento, 2 | Attached | □ 100 | L 110 | | | | |
| All documents and above mentioned formalities are checked by me and found correct, in order and allowed for registration. Further more the form should be forwarded to the IT Section for IT Operations. | | | | | | | | | | |
| Authorized Signature/ Stamp | | | | | | | | | | |
| Authorized Signature/ Stamp | | | | | | | | | | |
| Certifi | >(IT Section) Certified that both parties mentioned above are agreed with the contents of this document/contract and Emigrant | | | | | | | | | |
| is registered under the mentioned Registration No and Date. | | | | | | | | | | |
| | | | | | | | | | | |
| Protector of Emigrant >(Stamp & Signature) | | | | | | | | | | |