

PE-01 SOFT DATA			
IMPORTANT NOTES			
FIELD NAME	FIELD DESCRIPTION		FORMAT
NAME	Name of the insured person for whom contribution is paid	MANDATORY	Alphabets and spaces only
NEW NIC	New NIC number (also known as CNIC). Use hyphens as given in the format. Mandatory	MANDATORY	99999-9999999-9
OLD NIC	Old NIC number. Use hyphens as given in the format. Recommended as it would prevent issuance of duplicate EOBI nos.	Highly Recommended	999-99-999999
F/H NAME	Name of Father of Husband	Highly Recommended	X
RELATIONSHIP CODE	F (Father) or H (Husband)	Highly Recommended	X
GENDER	Gender. Enter M or F	MANDATORY	DD/MM/CCYY
DOB	Date of birth of insured person. e.g. 21/07/1989	MANDATORY	DD/MM/CCYY
DOJ	Date of insured person joining employer. e.g. 21/07/2002	MANDATORY	
POSTAL ADDRESS	Mandatory	MANDATORY	
CITY	Mandatory	MANDATORY	
PROVINCE	Mandatory	MANDATORY	
PHONE	Use numbers only. Mandatory	Highly Recommended	Digits only - no spaces, dashes example@domain.com
EMAIL			