

Schedule-II

DECLARATION TO ACCOMPANY THE APPLICATION FORM FOR THE POST OF _____

i. I, _____ Son/daughter of _____, holder of CNIC No _____ hereby declare that I am not ineligible to act as a _____ in terms of Fit and Proper Criteria under the SOEs Act.

ii. 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.

Full Name (in Block Letters): _____ Signature: _____

Designation: _____ NIC Number: ____ - ____ - ____

Present Postal Address _____

Date: _____ Place: _____

Witness to the signature:

Full Name: _____ Signature: _____

Father's/Husband's Name (in Block Letters) _____

NIC Number: _____ Occupation: _____

Present Postal Address _____

[Note: To be made on stamp paper of Rs. 100 duly verified by Oath Commissioner]