



OFFICE OF THE COMMISSIONER
ICT EMPLOYEES SOCIAL SECURITY INSTITUTION (IESSI)
PLOT NO. 166, SECTOR I-10/3, ST. NO. 09
ISLAMABAD

Card Renewal Form

1. I _____, S/D/W/O _____,
bearing CNIC No. _____-_____-_____, is working for _____, having Social
Security No. _____.

- Renewal Dependent Entry Dispensary Change Change of Company
 Medical Book

2. Dependents Details are as under:-

S. No.	Name	CNIC./ Form B	Relationship	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Affidavit

3. The contents of above statements are correct to the best of our knowledge and belief. We, the establishment and the worker jointly and severally will be responsible for any concealment of facts, false statements/information/documents, non-compliance of any of the requirements/misuse of S.S card, and would be liable to repay the benefits so availed to the institution. I Mr/Ms. _____, will be liable to get punished for imprisonment of 3 months or fine up to 1,000/- or both in case of aforesaid violations under section 66 of the Provincial Employees Social Security Ordinance, 1965.

Employee Signature

Attestation of Establishment

FOR OFFICIAL USE ONLY

Contribution Stamp: -

Mobile No: _____

Document Require

- CNIC copy. (Valid).
 - CNIC copy of each dependent of age 18 and above.
 - Form-B copy of dependents of age below 18.
 - Copy of Marriage Certificate.
 - Copy of Employee Card.
 - Pictures of Dependents must be attached.
 - Attested Salary Slip must be attached.
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