

QUESTIONNAIRE

BANKING SUPERVISION DEPARTMENT
STATE BANK OF PAKISTAN
CENTRAL DIRECTORATE, KARACHI

(CONFIDENTIAL)

Photo
Passport Size
2.25"

1. Full Name.
2. Father's Name.
3. Date and Place of Birth.
4. Religion and Sect.
5. Present Designation, Department and Official Address.
- 5.A. Date of Appointment.
6. Telephone Numbers.
7. If you have changed your name, state previous name, with reasons.
8. Appointment held during last five years (with dates).
9. Name(s) and designation(s) of direct superior officers (one grade above) under whom you served during the last five years.
10. Date when you last filled in a Security Vetted Form and name of Department to whom submitted.
11. Present residential address (in full).
12. Permanent residential address.
13. Change in marital status, if any, during the last five years. If since married, name and former address of the spouse.
14. Names of three respectable persons (not relatives) who have been closely acquainted with you during the last five years, with their addresses.
15. Names and addresses of near relatives, if any, residing in foreign country.
16. Passport No., Date of issue, Type of passport and place of issue.
17. Countries traveled during last 5 years, with purpose of visit.
18. Educational/Training institutions attended during the last five years.
19. Member of Association, Club or any other group etc.

20. Pastime including cultural activities, if any.
 21. Details of literary work, if any, published during the last five years.
 22. Details of speeches, if any, delivered on the Radio/T.V. during the last five years.
 23. Details of any artistic creation exhibited during the last five years.
 24. Details of disciplinary action, if any, taken against you during the last five years.
 25. Property exceeding Rupees five thousand acquired during the last five years.
 26. Banks with whom accounts held during the last five years and reasons with dates for closing accounts with a bank.
 27. National Identity Card Number
 28. National Tax Number.
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AFFIRMATION

I solemnly affirm that information contained in this Questionnaire is true and correct to the best of my knowledge and belief. I fully understand that any false statement or material omission/suppression shall render me liable to disciplinary action and or/dismissal from service.

Place_____

Signature_____

Date_____

Name_____
(IN BLOCK LETTERS)

ATTESTED

Station_____

Signature

Date_____

Designation_____

Name_____
(IN BLOCK LETTERS)

Address_____