**Identity Verification Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Father’s / Guardian’s Name |  |
| Date of Birth |  | Gender |  |
| Nationality |  | Contact Number |  |
| Email Address |  | Current Address |  |
| Permanent Address |  | | |

**B. Identification Documents**

**Please attach a clear copy of at least two valid ID documents.**  
Mark (✔) the ones provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Document Type** | **ID Number** | **Issuing Authority** | **Expiry Date** | **Attached (✔)** |
| National ID / CNIC |  |  |  |  |
| Passport |  |  |  |  |
| Driving License |  |  |  |  |
| Social Security / Tax ID |  |  |  |  |
| Residence Permit / Work Visa |  |  |  |  |
| Other (Specify): |  |  |  |  |

1. **Biometric Information (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Photograph | Attached / Not Attached | Fingerprints | Captured / Not Captured |
| Signature Sample | Attached / Not Attached |  |  |

1. **Verification Details (For Office Use Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verification Item** | **Verified By** | **Date** | **Result** |
| Name Match |  |  | Verified / Not Verified |
| Date of Birth Match |  |  | Verified / Not Verified |
| Address Match |  |  | Verified / Not Verified |
| Document Authenticity |  |  | Genuine / Not Genuine |
| Cross-Check with Database |  |  | Cleared / Flagged |

**E. Declaration by Employee**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, confirm that the information and documents provided above are true, correct, and genuine to the best of my knowledge. I understand that providing false information may lead to disqualification from employment or disciplinary action.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. HR / Verification Officer Certification**

I certify that the identity of the above employee has been verified according to company policy and all documents have been reviewed.

|  |  |  |  |
| --- | --- | --- | --- |
| Verification Officer Name |  | Position |  |
| Signature |  | Date |  |