

**CONSULATE GENERAL OF PAKISTAN, NEW YORK  
COMMUNITY WELFARE SECTION  
QUESTIONNAIRE FOR VOTING RIGHT TO OVERSEAS PAKISTANIS**

Please email at [cws@pakistanconsulateny.org](mailto:cws@pakistanconsulateny.org) or fax 212-879-2389 when completed

1. Name: \_\_\_\_\_

2. Father/Husband's Name: \_\_\_\_\_

3. Name of Country/State/City of residence: \_\_\_\_\_

4. Qualification: \_\_\_\_\_

5. Age/Date of Birth: \_\_\_\_\_

6. Gender:  Male  Female

7. NICOP No.	POC No.	CNIC No.

8. Contact No.: \_\_\_\_\_

9. Profession: \_\_\_\_\_

10. Date of arrival in the country of residence: \_\_\_\_\_

11. Complete Address: a) Abroad \_\_\_\_\_

b) In Pakistan \_\_\_\_\_

12. Whether registered as Voter in Pakistan if so, Constituency No/Name:  
\_\_\_\_\_

13. Whether holding dual nationality if yes, the name of country of nationality, other than Pakistan:  
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14. Whether interested to exercise the right of vote in the country of residence as Constituency abroad to elect your representatives for National Assembly of Pakistan and Provincial Assembly? 

	Yes		No
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15. Comments / Suggestions if any  

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