

## [CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]

Form of	Nomination for 1	Death Insurance for CTO	
INai	Pa Ambies	Adding N	- Employees
CNIC # 1720/179	2/ 200-1	Anh	Var Gruf bearing
nominate the person/	persons mentioned	working as	hereby
beneficiary(ies) to receive	the death insurance	e amount (sum assured) in	hereby hember(s) of my family as
		in assured) in	the event of my death.
NI. (NI		First choice)	
Name of Nominee/ Nominees	Relationship	1 OI OITALE	Contact Number
1 tolimitees	Father		
1		100%	03395301915
Anwas Grul			H' TUE
			1.714 Jane 1
	(In case of 1 at		
, Comment	(iii case of death o	of first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
C . * * 1	2 11		
Saligad	Brother	1000/	3159913714
hereby certified that the ab	ove noted member(	s) of my family mentioned :	are wholly dependent upon
	# 701		
The earlier nomination mad	e by me (if any) ma	v kindly be treated as some	ollo I of the
		, and a carea as care	ened and of no effect
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
THE EMPLOYEE		MPLOYEE	
2. 1. 24		(A)	1) il