

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

Form of No	mination for D	ooth T	
Theony 11	/	eath Insurance for CT(Sher bearing
1_21/59/114/1al	s/	d/w/o Nawas &	Sher bearing
CNIC # <u>21201-167 180</u>	25-3	Working as C.A.	1.112
rionmate the person, per	sons mentioned	helory rutho is/	7 (1)
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the exert of my family as
			the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Number
			03334258980
Asma Iksan Zari Bibi	Wife	75%	
Zari BiBi	Wife	25%	
. (In case of dooth o	f final ale in a constant	
	in case of death o	of first choice) – 2 nd Option	1
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		,	OPITPED
			0301-2215660
Zahool Ahmad	Brothes	100%.	
	li s		
I hereby certified that the abov	ve noted member	(s) of my family mentioned	d are righelly domain days
me.	10	(b) of mry ramary mericioner	a are whorly dependent upon
The conline required:	1		
The earlier nomination made	by me (if any) ma	ay kindly be treated as car	ncelled and of no effect
,			
	2	22022	
DATED:			HUMB IMPRESSION OF
20/2/201	1	, 100	EMPLOYEE