

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

Form of	Nomination for C	eath Insurance for CI	
I_Nosheen		eath Insurance for CI	CEmployees
	STILL SI	d/TUT/0 -	
CNIC # _ 17301 808	54706	TuronTri	CHW hereby
heneficiary (;	persons mentioned	below who	CHW hereby
beneficiary(les) to receive	the death insurance	amount (sum assessed in	CHW hereby member(s) of my family as
beneficiary(ies) to receive			n the event of my death.
Name of Nominee/		irst choice)	
Nominees .	Relationship	Specification of Share	
		or or are	Contact Number
NI	10		
Ngjib ullah	Son	100/-	0311-9/108120
		9 - 1	1188120
	(In case of death of	first choice) - 2nd Option	
Name of Nominee/	IID T		
Nominees	retationship	Specification of Share	Contact Number
0 "		7	
Seneullah	Hashing	10	
	1 Lock Stendy	100%	
Thoroby			* 1
I hereby certified that the abo	ve noted member(s)	of my family monti-	
		Tiendoned	are wholly dependent upon
The earlier nomination made	by me (if any) may	lein II. I	
The earlier nomination made	, , , , — — — — — — — — — — — — — — — —	kindly be treated as canc	elled and of no effect
	AX Control		
DATED:	SIGNATINE		
		SIGNATURE OR TH	UMB IMPRESSION OF
5.9.2024	THE EMPLOYEE		
		(Ng	J. Company
H -1			