

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

Form of N	Jomination for I	Death Insurance for C		
	27V T 14214 N			
I Naveeda Alchan s/d/w/o Niyaz Ala bearing CNIC # 1730 - 28 6 1 117-2 working as CHW hereby				
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
beneficiary(ies) to receive the	ne death insurance	amount (sum assured)	member(s) of my family as	
		irst choice)	in the event of my death.	
Name of Nominee/	r, . bo.:			
Nominees	Relationship	Specification of Shar	e Contact Number	
Mornahil	doughter	50%,	R2170-2011	
Show Hussein	Sou	50 y.	0317,9735106	
			4	
(In case of death of first choice) – 2nd Option				
Name of Nominee/ Nominees	Relationship	Specification of Share		
			Contact Number	
Niyaz Ali				
	<u>Nusbard</u>	100%	03179735/06	
I hereby certified that the al-			Water (2) 2/00	
me.	e noted member(s)	of my family mentioned	l are wholly dependent upon	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
may kindly be treated as cancelled and of no effect				
	The state of the s			
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			EMPLOYEE	
219124		100		
		:		
4, 514				