

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

Form			
Form of	Nomination for	Death Insurance for C	TO T
CNIC # 17301-734 nominate the person/ beneficiary(ies) to receive	I His .	s/d/w/o	irai Muhammad.
nominate the	0037-4	Working as	bearing bearing
beneficiary(ies) to	persons mentione	ed below who is/	hereb
(les) to receive	the death insuran	ce amount (sum assume 1)	member(s) of my family a
			member(s) of my family a in the event of my death.
		(First choice)	
Name of Nominee/ Nominees	Relationship	Specifical	
ronunees		Specification of Share	re Contact Number
Arsalan Ichan	0 11		
Promi	Brother	100%	A2 22 22
			0323-9822723
	1 0 0		
4 4 4 4 5 7 1 5	(In case of death	of first at .	
Name of Nominee/		of first choice) - 2 nd Optio	n
Nominees	Relationship	Specification of Share	
		- Of Offare	Contact Number
La fi cellah			
Saficillan	Brother	100%	
			0300-5302779
nereby certified that the above	ve noted member) of (l are wholly dependent upon
ie.		b) of my family mentioned	are wholly dependent upon
he earlier nominati			a poil
the full floriunation made	by me (if any) may	kindly be treated as son	-11
he earlier nomination made		y search as carr	celled and of no effect
DATED:		CICNIATION	
ALED:	SIGNATURE OR THUMB IMPRESSION OF		
2/09/024		THEE	MPLOYEE
		_ SAS	
		7	