

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

Form of N	lomination for l	Death Insurance for C	TOTAL STATE OF
I Nabeela	147	Line Indicate tor C	CEmployees heem kham bearing
CNIC # 172 1 15	S S	5/d/w/o M. Fa	hem kham bearing
CNIC # 17301-45 nominate the person/ pe	31178-8	working as A	?
beneficiary(ies) to receive the	rsons mentioned	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	e death hisurance	e amount (sum assured) i	n the event of my death.
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees		of defication of Shar	e Contact Number
11 =			
M. Faheem	HusBand	50%	
M. Ahmad	0		0333.9132871
Himad	Don	50%	6383-9647864
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		T	Contact Number
M. Ahmad	Son	4	
		100%	0333.9647864
hereby certified that the above noted member(s) of my family mentioned are rely it.			
	Crioted Highlipeli	SI OI my family mentioned	J 1 11 1

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

2-9-2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE