

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

Form of Nor	nination for D	ooth T		
I_ Raja Gul		eath Insurance for C	CEmployees Khah bearing HW hereby	
CNIC # 21202-804	7129-9	a/w/oIsma	t Khah bearing	
nominate the person/ pers	ons mentioned	below who is/ are	member(s) of my family as	
beneficiary(ies) to receive the	death insurance	amount (sum assured) i	in the event of my death.	
Name of Nominee/	(F)	rst choice)		
Nominees	Relationship	Specification of Shar	e Contact Number	
Faizan !	Son	100 %		
9.m. 0236007	Action (100%	0334 9101304	
	1. A.			
Nome CN	case of death of	first choice) - 2nd Optio	n	
Name of Nominee/ Nominees	Relationship	Specification of Share		
Hàmad	Son	100%	63349101304	
I hereby cortification				
I hereby certified that the above a me.	noted member(s)	of my family mentioned	d are wholly dependent upon	
The earlier nomination made by	me (if any)		y franchit apoli	
	— (in arry) may	kindly be treated as car	ncelled and of no effect	
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DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
19/09/2024		Top .		