

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

Form of N	Nomination for T	eath Insurance for C	
I Faiza /	Arrali T	cath insurance for C]	C Employees
CNIC # 17201 C	102012	/d/w/o_woilage	Khan bearing
CNIC # 17301 - 5	1/ N ///X /.		
beneficiary(ies) to receive the	ersons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	re death insurance	amount (sum assured) i	n the event of my death
	(F	irst choice)	
Name of Nominee/	Relationship	Specifical' (C)	
Nominees		Specification of Share	e Contact Number
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t Jos Primor	ruspand	100	03155690851
	District Control of the Control of t		A
	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
	(In case of death of	first choice) - 2nd Option	
Name of Nominee/			n .
Nominees	Relationship	Specification of Share	Contact Number
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Gu	dopted	100	n!:/
T1 1			101)
I hereby certified that the above me.	e noted member(s	of my family mentioned	lara val all 1
IIIC.		y	rate wholly dependent upon
The earlier nomination made	by me (if any) may	kindly be treated	
		rated be freated as can	icelled and of no effect
DATED: SIGNATURE OR THUMB IMPRESSION OF			
3-9-24			
3-4-64	1	Fai 7a	
2		0	
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