

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

Form of N	omination for D	eath Insurance for CI	CEmployees
NOOU RENY	S	/d/w/o M HI	165 m 1.4 m
CNIC # 1730/ _ 1969 nominate the person/ pe	S X:0.1		11 1.
nominate the person/ pe	rsons mentioned	below who	member(s) of my family a
beneficiary(ies) to receive th	e death insurance	amount (sum assured);	member(s) of my family a
	11 101		it the event of my death.
Nama of N.) III (P	irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
. 14			
M. Hussain khan	Tarther	100%	03199027581
		1 4.0	1
	h .k		
	(To ()		
	in case of death o	f first choice) – 2 nd Optio	n .
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
TVOITILITEES			- Januar Ivanibei
Votale 111 thu	1 2 11 8		
KiFala+Hussain	, Bootheo	100%	03169406545.
			03/01/00393.
hereby certified that the above	renoted member/		
ne.	i i i i i i i i i i i i i i i i i i i	s) of my family mentione	d are wholly dependent upon
	1 1 201 21 3		
he earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
*		*	
		CICALATINA	
DATED:			HUMB IMPRESSION OF EMPLOYEE
3/9/2004) Y	2 /
	1	NOU	Lefth