

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

raying	S	Death Insurance for CTO	
CNIC# 17301-64	7 18 30.70		
nominate the person/ p beneficiary(ies) to receive t	ersons mentioned he death insurance	d below who is/ are me amount (sum assured) in	hereby hereby hember(s) of my family as the event of my death.
	<i>l i</i> (1	First choice)	
Name of Nominee/	Relationship	1 0 10	
Nominees	Total Control Sings	Specification of Share	Contact Number
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, na	raines	100 %	1 63339794
	8 18		
	(In case of death o	of first choice) - 2nd Ontion	
Name of Non-		of first choice) – 2 nd Option	
Name of Nominee/ Nominees	(In case of death o		Contact Number
Nominees	Relationship	Specification of Share	
Nominees	Relationship	Specification of Share	Contact Number
Name of Nominee/ Nominees ATIF RAZA	Relationship	Specification of Share	Contact Number
Nominees ATIF RAZA	Relationship	Specification of Share	Contact Number 033499701542
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Nominees ATIF RAZA	Relationship	Specification of Share	Contact Number
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Nominees ATIF RAZA hereby certified that the above. he earlier nomination made	Relationship Assbad we noted member(Specification of Share 100 s) of my family mentioned as cancer by kindly be treated as cancer	Contact Number 033499701542 are wholly dependent upon telled and of no effect
Nominees ATIF RAZA nereby certified that the above. ne earlier nomination made	Relationship Assbad we noted member(Specification of Share 100 % s) of my family mentioned as cance y kindly be treated as cance SIGNATURE OR TH	Contact Number 033499101542 are wholly dependent upon celled and of no effect
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