

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

Form of 1	Nomination for T	Posth Inc.	
II		Death Insurance for CI	C Employees
( I LIXA)	1 18	1d/mila Mila	
CNIC # 17301 - 75 nominate the person/ p	200111	1	
nominate the person/ p	ersons mentioned	_ working as _ CHV	N hereby
beneficiary(ies) to receive t	he death insurance	below who is/ are	member(s) of my family as
beneficiary(ies) to receive t	a diburance	amount (sum assured) i	n the event of my death.
	(F	First choice)	
Name of Nominee/	Relationship		
Nominees	No.	Specification of Share	e Contact Number
MURARAB KHAN	Father	0	
		200%	0312-1913054
			1113034
,	(In case of death o	f first choice) - 2nd Option	n
Name of Nominee/	T		
Nominees	Relationship	Specification of Share	Contact Number
SHUKREXA			
SHUPEZIA	Sister	100%.	0319-8061734
nereby certified that the abo	ve noted member(s	s) of my family mentioned	d are wholly dependent upon
	16 14:11		
The earlier nomination made	hy me (if any)	**	
The earlier nomination made	oy me (ii any) ma	y kindly be treated as car	ncelled and of no effect
*			
DATED:			
THE EMPLOYEE			EMPLOYEE
00/01/2024		110	T e
		18 1 1 1 1 1	