

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

	18.8		
Form of No	mination for De	eath Insurance for CT	C Francisco
I Muhammad	Salia a	divide Macx Mac	Shah bearing
CNTC " C 1 2	Sex 5	a, w, o <u>Noor Ivian</u>	Shah bearing
	420-5	TATOTION	
rionmiate are person, per	sons mentioned	helowy rusho is/ are	1 (:) (
beneficiary(ies) to receive the	death insurance	amount (sum assured) ir	n the event of my death.
	(Fi	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Ivaniber
ShadiaBibi	Wife	100%	67 62 CC Pali 22
	0	1007	0302-5980432
Lamindal	Brother	100%	0302-5980432
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
Shahab Khan	Son	1000	0302-5980432
CHOTOS INTE		100%	0501-5980431
I hereby certified that the above	ve noted member	c) of my family mantion	d are wholly dependent upon
me.	e noted member (s) of my family members	d are wholly dependent upon
The section of the section of	1		
The earlier nomination made	by me (if any) ma	ly kindly be treated as ca	ncelled and of no effect
	91 40 9		
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DATED:			THUMB IMPRESSION OF EMPLOYEE
01/10/00/1	•	() _	
04/07/2024			