

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

	(4.90)		
Form of No	omination for D	eath Insurance for CI	
I Nia Z Muhamma	s/s/	WWW	C Employees <u>Us Culse</u> bearing
CNIC # 2/201206875.	15		bearing
nominate the person/ per	rsons mentioned	_ working as	H-W hereby
beneficiary(ies) to receive the	e death insurance	amount (sum assume 1):	member(s) of my family as
		amount (sum assured) 1	n the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	op demication of Sitar	e Contact Number
gulz	WIFE	100 10 Paxcas	03334665762
-Oleane	HI	100 %	07334665762
			17771007167
(In case of death of first choice) – 2^{nd} Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		Transfer of Situic	Contact Number
Oli outre	19	1000	03334665762
	ii ,	,	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	8		
The earlier nomination made	by me (if any) ma	y kindly be treated as ca	ncelled and of no effect
*			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
- 2 23	1	11	