

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

Form of N	Nomination for I	Death Insurance for CTO	7.F. 1
I Aysha			Employees
	0	/d/w/o Nisax A	hmad bearing
CNIC # 17301_1294 nominate the person/ p			
nominate the person/ p	ersons mentioned	below who is/ are	H. hereby
beneficiary(ies) to receive t	he death insurance	amount (sum assured)	hereby hember(s) of my family as
		(outrassured) in	the event of my death.
	(I	First choice)	
Name of Nominee/	Relationship	Specification (6)	
Nominees	100 mm	Specification of Share	Contact Number
Nasrat BiBi	Mothex	100 %	03174808097
	2000	/6	0119808097
	(1-		
,	(iii case of death o	of first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
Nasyat Biri	mother	100 4	
	the Base of the Control of the Contr	100 %	3119219610
hereby contification			
I hereby certified that the abo	ve noted member(s		
	4 5 1	s) of my family mentioned a	are wholly dependent upon
	4 5 1	s) of my family mentioned a	are wholly dependent upon
	4 5 1	s) of my family mentioned a	are wholly dependent upon
	4 5 1	s) of my family mentioned a	are wholly dependent upon
	4 5 1	s) of my family mentioned a	are wholly dependent upon elled and of no effect
	4 5 1	s) of my family mentioned a y kindly be treated as cance SIGNATURE OR TH	are wholly dependent upon elled and of no effect
The earlier nomination made DATED:	4 5 1	s) of my family mentioned a y kindly be treated as cance SIGNATURE OR TH	are wholly dependent upon elled and of no effect
I hereby certified that the aboume. The earlier nomination made DATED: 4-9-2014	4 5 1	s) of my family mentioned a y kindly be treated as cance SIGNATURE OR TH	are wholly dependent upon elled and of no effect