

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

Form of 1	Nomination for D	eath Insurance for CTO	CEmplows
I_ jarula		131-1	C Laipioyees
	M 5/	/d/w/o_ wa	Shah bearing
CNIC # 173 nl - 49 nominate the person/ p	017 7		
beneficiary(ies) to receive t	ersons mentioned	below who is/ are n	hereby hereby nember(s) of my family as
beneficiary(ies) to receive t	ne death insurance	amount (sum assured) in	the event of my death.
		irst choice)	
Name of Nominee/	Relationship		
Nominees	Cattorship	Specification of Share	Contact Number
war Shah			
	Husbant	100 %	03118105609
	11.5		2000
	(7.		
	(In case of death of	f first choice) – 2 <sup>nd</sup> Option	· ·
Name of Nominee/ Nominees	Relationship	Specification of Share	Combana
			Contact Number
	18 18-	-	
Rahah	Son	100%	
	John	10090	03195730908
I hereby certified that the above			
I hereby certified that the aboume.	ve noted member(s	) of my family mentioned	are wholly dependent upon
	37 (4) 1 1 2		
The earlier nomination made	by me (if any) may	kindly be treated as canc	relled and of no effect
			The Circle
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
4-9-24	Lul		