

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

Form of N	omination for l	Death Insurance for C		
I AZRA		d/d/w/a	and Jan bearing	
CNIC # 17201-00-	0 0 10 2	Hhn	C.H.w hereby	
nominate the person/ no	185136	working as	C.H.W hand	
beneficiary(ies) to receive the	rsons mentioned	d below who is/ are	member(s) of my family as	
beneficiary(ies) to receive th	e death insurance	e amount (sum assured)	in the event of my death	
	O	First choice)	acau.	
Name of Nominee/	Relationship	Crosifi ii ia		
Nominees		Specification of Shar	re Contact Number	
Ahmadjan	Husban	100%		
		100/6	_	
,	ul case of death o	of first choice) - 2nd Option	on .	
Name of Nominee/	Relationship	Specification of Share		
Nominees		- F - Strain of Strain	Contact Number	
	8 18.			
Mahmod - Doward	000			
- 100000 I	son	160%	03/0-9333 34	
Thereby coutif: 1.7				
I hereby certified that the above me.	e noted member (s	s) of my family mentione	d are wholly dependent	
	12 40.			
The earlier nomination made b	y me (if any) ma	y kindly be treet a		
		y kindly be treated as car	ncelled and of no effect	
		*		
DATER		SIGNATURE OF THE OF		
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
4/9/24				
1		É r	AZRA	