

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

Form of No	omination for I	Death Insurance for CI	CEmployees
1 11	32 - 3 - 3		
CNIC # 1730/65 nominate the person/ per	S	/a/w/o_/Va/0//	bearing
honeficial (i)	sons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (sum assured)	n the event of my family as
			if the event of my death.
D. Committee	(1	First choice)	
Name of Nominee/	Relationship	Specification of Share	C
Nominees		T OI Stiate	Contact Number
	H GROOT		
Nooyul Amin	Huch		
	I (Se) Dallo	100%	03139028392
	1 14 1 1		
/1			
, (1	n case of death o	f first choice) – 2 nd Option	n ,
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
	# # · · · · · · · · · · · · · · · · · ·		
Rupullah	(
Ruffellan	SON	100%	03139028392
I hereby certified that the above me.	noted member(s) of my family	
me.		of the family mentioned	are wholly dependent upon
The earlier nomination made l			
The earlier nomination made b	y me (if any) ma	y kindly be treated as car	icelled and of no effect
		SIGNATURE OR THUMB IMPRESSION OF	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
DATED:		SIGNATURE OR T. THE I	HUMB IMPRESSION OF EMPLOYEE