

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

Form of Nomination for Death Insurance for

nominate the person/ persons mentioned beneficiary(ies) to receive the death insurance and (First Name of Nominee/ Nominees CNIC #	/w/o	bearing hereby member(s) of my family and the event of my death. Contact Number 03193357103
nominate the person/ persons mentioned to beneficiary (ies) to receive the death insurance and (First Name of Nominee/ Nominees Compared to the death insurance and (First Name of Nominees) Relationship	working as	hereb member(s) of my family a n the event of my death. Contact Number 0319331557103
beneficiary(ies) to receive the death insurance are (First Name of Nominee/ Nominees Ziasat Sull Husband (In case of death of first Name of Nominee/ Nominees Relationship Solv Thereby certified that the above noted member(s) of the case of	nount (sum assured) is the choice) Specification of Share 100 % Total of the choice	member(s) of my family a n the event of my death. Contact Number 03193357103
beneficiary (ies) to receive the death insurance are (First Name of Nominee/ Nominees Ziasat Sull Husband (In case of death of first Name of Nominees) Name of Nominee/ Relationship Solutionship Sol	nount (sum assured) is the choice) Specification of Share 100 % Total of the choice	member(s) of my family a n the event of my death. Contact Number 03193357103
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	100 %	03131557103
he earlier nomination made by me (if any) may k	f my family mentioned	d are wholly dependent upon
may k		
	indly be treated as car	ncelled and of no effect
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DATED:		HUMB IMPRESSION OF EMPLOYEE
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