

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

For	m of N	omin	atio	n for	Death	Insurance	۲	OTTO	-	
		4 .			- 000011	moutance	ior	CIC	Employ	ees
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· Tuseen Jeha	N : S,	/d/w/o A Youh kl	lem bearing							
CNIC # 31201-215	85632		bearing hereby							
nominate the person/ pe	rsons montion	_ working as	hereby							
beneficiary(ies) to receive the	ne death increas	below who is/ are m	nember(s) of my family as							
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.										
(First choice)										
Nome of N										
Nominees	Relationship	Specification of Share	Contact Number							
Trondices			ostract (vaniber							
Shakira	1016									
Shakira M. Yazir	WITE	100%	03209389963							
M. Yasix	Can									
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			100 1000							
/ · ·	(In case of death o	f first choice) – 2 nd Option								
Name of Nominee/										
Nominees Nominees	Relationship	Specification of Share	Contact Number							
Tonditees										
m. n.l.	0									
Hall	Son	for of.	3209389263							
			, -							
I hereby certified that the above me.	ve noted member(s) of my family mentioned								
me.		of my family mentioned	are wholly dependent upon							
The continue of the continue o										
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect										
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D 4 5555		SIGNATURE OR TH	IUMB IMPRESSION OF							
DATED:			MPLOYEE							
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