

10/205

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

Shah Huccard Shah Shah Shah Shah Shah Shah Shah Sha				
I Shah Hussain				
I Shah Hussain s/d/w/s Yaqoob Khan bearing CNIC # 21201-8867016-5				
CNIC # 2(201-88670/6-5 working as Area Supervisor hereby beneficiary(ies) to respire the persons mentioned below who is/ are member(s) of my family				
nominate the person/ persons martin I working as Area Supervisor hereby				
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.				
death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of N.				
Nominees	Relationship	Specification of Share	Contact Number	
ronmiees			Contact Number	
Mehran	Son			
	00		0336-3515198	
(In case of death of first choice) – 2nd Option				
		Optior	1	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nollunees			Corract Ivaniber	
Dilshada Bibi	wife			
	00,70		0336-3515 198	
I hereby certified that the above noted marsh and				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
	i i			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
of dedical as cancelled and of no effect				
DATED: SIGNATURE OR THUMB IMPRESSION OF				
100/0:01	1	THE EMPLOYEE		
02/04/2024 Chaht			2hh/	
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