

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

Form of No	omination for L	Death Insurance for C	
I_FouziA		101 January	1C Employees
CNIC # 17301 - 9 nominate the person/ per		/d/w/o Abb	
nominate the person/ per	2739192-8	_ working as	_A s .
beneficiary(ies) to receive the	sons mentioned	below who is/ are	member(s) of my family
beneficiary(ies) to receive the	death insurance	amount (sum assured)	in the event of my death
	(F	irst choice)	and the deadl.
Name of Nominee/	IF I BEL		
Nominees	Relationship	Specification of Sha	re Contact Number
Abbaskhan	Husband	100%	03159940213
		F. 67 11	03131140213
	E 16 : .		
	l sk		
. (1	n case of death o	f first choice) – 2 nd Opti	On
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
	Section 1		
Mahin-W-Furuan	SON	1009.	0325.5626248.
		1001	10323 3020248.
hereby certified that the above	noted mon-1		
hereby certified that the above ne.	rioted member(s) of my family mention	ed are wholly dependent upon
The earlier name	No.		
The earlier nomination made b	y me (if any) may	kindly be treated as ca	incelled and of no office
* *			- Total and of the effect
DATED:		SIGNATURE OR	THUMB IMPRESSION OF
2-9 14		THE	EMPLOYEE
3 1- 29	The second secon	70	V2
\$			
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	The second secon		