

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

Form of N	omination for I	Death Insurance for C	707
IBaiter / Ho	van.	/d/w/o_Sulema	CEmployees
CNIC # /7201-1226	P.C.	/a/w/o_Sulema	n Shah bearing
CNIC # 17301-1230 nominate the person/ pe	rsons mentioned	working as A	hereby
beneficiary(ies) to receive th	e death insurance	amount (sum assured)	member(s) of my family as
		(sum assured)	in the event of my death.
Name of Nominee/	F 181 1	irst choice)	
Nominees Nominees	Relationship	Specification of Shar	e Contact Number
Suleman Shah	11. 01 1		
Strain Strain	Horsbound.	100%	03088903200
E / man	In case of death o	f first choice) – 2 nd Optio	n .
Name of Nominee/	Relationship	Specification (C)	
Nominees		opecification of Share	Contact Number
11 011			
Suleman Shah	Husband	100%	03085903200
	i i i		00013200
I hereby certified that the above me.	e noted member(s	a) of my family mark	1 1 1
me.		of my family mentione	d are wholly dependent upon
The earlier nomination made	by me (if any) may	y kindly ha tractad	
	, , , , , , , , , , , , , , , , , , , ,	y killery be treated as car	ncelled and of no effect
		*	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			EMPLOYEE
7. 7. 29		Rdv	Varia.