

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

***	70,000		ţ-
Form of No	mination for D	eath Insurance for CT(	~Employee
I Noor Alam		(1)	C Harbrokees
CNIC # 2 12 -11 / 8212	5,	Jan Jan	A Lam bearing
nominate the parameter	999	working as CHW	UC losa Maina hereby
beneficiary(jes) to receive the	sons mentioned	below who is/ are n	nember(s) of my family as
beneficiary(ies) to receive the	death insurance	amount (sum assured) in	the event of my death
		irst choice)	actual.
Name of Nominee/	() (2):		
Nominees	Relationship	Specification of Share	Contact Number
AKHTAY POXI	1.1		
riniual pasi	Wife	106%	03329589782
			0336 130 1102
(I	n case of death o	f first choice) – 2nd Option	
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
			•
Hulam Mustaza	Son	1	
1700		100/.	03049245124
Thereby			
I hereby certified that the above me.	noted member (s	s) of my family mentioned	270 717 - 11 - 1
		, — January	are wholly dependent upon
The earlier nomination made b	V. me (if any) ma	rz leim ali – 1	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			

DATED: 5/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Nonto