

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

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			8	
Form of N	omination for D	eath Insurance for CTC	ST 1	
I_Shohan Yan			Employees	
I Shehanyar CNIC # 21202-600	S/	d/w/o Majeed	Khan	hearing
nominate the person/ pe	2770-7	Working ac		bearing
nominate the person/ person beneficiary (ies) to receive the	ersons mentioned	below who is/	4-W	hereby
beneficiary(ies) to receive th	ne death insurance	amount (sum assured) := 1	ember(s) of m	y family as
		( - mi apparea) mi	ne event of my	death.
	(F	irst choice)		
Name of Nominee/	Relationship	Specifically day		
Nominees		Specification of Share	Contact	Number
Shoiab Khan	Brother			
		100	0316-110	1624
Yasir Khan	Brother	2		-009
		PO 100	0303-828	5211
*	(In case of death o	f first choice) - 2 <sup>nd</sup> Option	u.	
Name of Nominee/		- Option		s
Nominees	Relationship	Specification of Share	Contact N	umhar
			·	arriber
		*		
I hereby certified that I		* ×		
I hereby certified that the above me.	ve noted member(s	s) of my family mentioned a	Te wholler do	7
The earlier nomination made	by me (if any) may	1.1 17 7		
	m arry) ma	y kindly be treated as cance	elled and of no	effect
				e n
DATED:		SIGNATURE OR THI	UMB IMPRESS	ION OF
0/0/		THE EM	(PLOYEE	
7/8/2026		9 0	*	