

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

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TOTH OF IV	omination for D	eath Insurance for CT(377
I Zabit Whar CNIC # 21202-462 nominate the person/ pe		Tibulance for CI(Employees
- Lubil Whar		12/201 N	
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CNIC # 21202 ~ 46=	19996-0		bearing
nominate the paragraf	11103	_working as _ (, /-/-	hereby hember(s) of my family as
hand's the person/ pe	rsons mentioned	below who is/	hereby
beneficiary(les) to receive th	e death incurance	wito is/ are m	nember(s) of my family as
beneficiary(ies) to receive th	- Todatinisurance	amount (sum assured) in	the extent of man a
		,	and event of my death.
	(F:	irst choice)	
Name of Nominee/			
Traine of Nominee/	Relationship	Specificati	
Nominees		Specification of Share	Contact Number
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1189m gcu	Father	10	
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,	In case of death of	first choice) - 2nd O-1:	
Namo of N.	In case of death of	first choice) - 2nd Option	
Name of Nominee/			
Name of Nominee/	In case of death of Relationship		
Name of Nominee/		first choice) - 2nd Option Specification of Share	Contact Number
Name of Nominee/			
Name of Nominee/ Nominees	Relationship		
Name of Nominee/ Nominees	Relationship		
Name of Nominee/		Specification of Share	Contact Number
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nominees Maseed Whan	Relationship Brother	Specification of Share	Contact Number
Nominees Maseed Whan	Relationship Brother	Specification of Share	Contact Number
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Nominees Maseed Whan	Relationship Brother	Specification of Share	Contact Number
Nominees Mas eed Uhan I hereby certified that the above me.	Relationship Brother e noted member(s)	Specification of Share do of my family mentioned a	Contact Number 302-5762537 are wholly dependent upon
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