

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

Thanking & Consulting	[CTC-HRO-	PTPP – Recruitment & Selec urance Nomination form– Jur	ction – 7.8.5-c-061] ne 2024]	
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		eath Insurance for C		
CNIC # 2/203-5545 nominate the person/ pe	27 5 7	/d/w/o_Zand 4/10		bearing
nominate the person/ pe	rsons mentioned	working as CH	W	hereby
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
		irst choice)	n the event of my	death.
Name of Nominee/ Nominees	Relationship	Specification of Shar	e Contact	Number
Zwaif al Muslim	Brother Son	50%	23 . 0.5	1226
Muslim	Brother	50%.	0300-9156	
0300-9156378				
(In case of death of first choice) - 2nd Option				
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact No	ımber
Zard Ullah	Falher	100%	7200 0151	2.20
Thereby confice the			0310-9156.	
I hereby certified that the above me.	e noted member(s	) of my family mentioned	d are wholly deper	ndent upon
The earlier nomination made b	y me (if any) may	kindly be treated as		
		or incated as car	icelled and of no e	effect
DATED:		SIGNATURE OR T	HUMB IMPRESSI	ON OF
10-09-2024		Tou o	EMPLOYEE	
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