

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

TPAINING & CONSULTING	ICTC - HRO -	PTPP – Recruitment & Selec	tion – 7.8.5-c-061]	
	III.Su	rance Nomination form– Jun	e 2024]	
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Form of N	Joinination for D	eath Insurance for CI	lon -	
I RiAz Ali shah		TID MINING TOT CI	Cimployees	
I RiAz Ali shah  CNIC # 21/02 21/17/1/12	s/	d/w/o <u>Said</u> Rah ma	I Shoh bearing	
beneficiary(ies) to receive the	ersons mentioned	below who is/ are :	member(s) of my family as	
beneficiary(ies) to receive the	ie death insurance	amount (sum assured) i	n the event of my death	
	(Fi	rst choice)	,	
Name of Nominee/	Relationship	,		
Nominees	retationsnip.	Specification of Share	Contact Number	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Social Rahmat Shah	Falher			
		Full	0321-9019980	
	1 18	A Bare		
v.	(In case of death of	first choice) - 2nd Option	*,	
Name of Nominee/		inst choice) - 2nd Option	n .	
Nominees	Relationship	Specification of Share	Contact Number	
			· ostract Mantiper	
- 4 4	95 - 150			
Sikander RiAZ Ali	Son	Full	0301-8994080	
I hereby certified that the abo	ve noted member(e)	of mer fair 17	,	
me.		of my family mentioned	d are wholly dependent upon	
The earlier nomination made	by	* * * * * * * * * * * * * * * * * * *		
The earlier nomination made	by me (if any) may	kindly be treated as car	icelled and of no effect	
	4.0	-		
-				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
7-9-2024		THE EMPLOYEE		
	10000	Ruz M.		