

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

Form of Nomi	nation for De	eath Insurance for CT	CEmployage
1 Jami Vilah	\$/0	1/11/2 / 1/2/6=1	121
CNIC # 21202-40098 nominate the person/ person	69-9		bearing bearing
nominate the person/ person	n' 1° ×	Working as	herehv
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.			
	151	est choice)	and event of my death.
Name of Nominee/ R	elationship	Specification of Share	
Nominees	200	of agriculture of Strate	Contact Number
Igbal Khan F.	ather	. /	
- bou man) I	unes	100%	0305-9137382
Cherry 1		e de la companya de l	
, (In ca	ise of death of	first choice) – 2 <sup>nd</sup> Option	
Namo of Mari			Ω
Nominees	elationship	Specification of Share	Contact Number
M. I			
Muhammad Haron P.	rother	4	0302 = 592897-4
The I			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
1110.		, and a second	a are wholly dependent upon
The earlier nomination made by m	ie (if any) may	kindly ho troots	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
in the state of th	· ·	*	₹
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
06-09-2001		THE	EMPLOYEE
0 0 1 2024		an	· ·
: : 1			