

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

Form of 1	Nomination for I	Death Insurance for CTO		
I Shahama		CT(Employees Z Rehmun bearing	
0.000000	S	old/w/o_Shakis	Rehman 1.	
CNIC # 17301-34	170957-8	Working	AS hereby	
nominate the person/ p	ersons mentioned	below who :-/	AS hereby	
beneficiary(ies) to receive t	he death insurance	e amount (sum accuration)	AS hereby hember(s) of my family as	
		(acourca) in	the event of my death.	
27		First choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		-F sometion of Share	Contact Number	
a	48 GR (*)			
Shaking Rehomm	Huchand	C 00		
a I	rusparna	Full (100%)	03143233613	
Shakin Rehman M. Sahil	Son	Full 1 1- ds	10000000000	
	B I B	(1001)	031298 93 736	
	31 10kg 1 0			
	(a) cabe of death o	of first choice) – 2 nd Option		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
ronunees			Johnson Ivanibel	
Thereby contide July 11				
I hereby certified that the abo	ve noted member (s) of my family mentioned a	are wholly dependent upon	
The earlier nomination made	by me (if any) ma	y kindly be treated as cance	elled and of no offert	
			ched and of no effect	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
DATED:		THE EMPLOYEE		
2/9/2024			2h	
			an	