

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

Form of	Nomination for I	Death Insurance for CTO	? E1	
I_ Saima BiB		/d/w/o Saced.	1 Linployees	
CNIC # 34202 71	11.010 /	ru/w/o_saced.	bearing	
nominate the person/	persons monti-	_ working as	HW hereb	
beneficiary(ies) to receive	the death insurance	below who is/ are me amount (sum assured) in	hereb nember(s) of my family a	
	Liburance	amount (sum assured) in	the event of my death.	
	(F	First choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
rvonunees			Contact Number	
01 /				
Ahmad	Son	50 %	0310-6222672	
Haf 3a	Daughtex	50%		
	TOWNSHIE 8	30 /*	03106222672	
	(In case of death			
Nr. Chr.	(in case of death o	f first choice) – 2 <sup>nd</sup> Option		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
TVOITINGES				
Ambreen	Sis	100 %	3189 436054	
I hereby certified that the ab	oove noted member(s	s) of my family mentioned	are wholly dependent upon	
me.			, i manuapon	
The earlier nomination mad	de by me (if any) ma	y kindly be treated as cano	celled and of no effect	
			or the creek	
DATED:	SIGNATURE OR THUMB IMPRESSION OF			
22-8-24		THE EMPLOYEE		
Baime Baime			and the same	