

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

form of	Nomination for D	eath Insurance for CTC	
I istan ullah		and a survey of CIC	Employees Khan bearing
0	s/	d/w/o Sawah	Whan
CNIC # _3/203-17	122101		bearing
THE DETECT	2020-1	0	7 -
beneficiary(ies) to receive	persons mentioned	below who is/ are m	ember(s) of my family a
beneficiary(ies) to receive	the death insurance	amount (sum assured) in	the execution of my family as
	(T		are event or my death.
Nome (27	(1)	rst choice)	
Name of Nominee/	Relationship	Sporification (a)	
Nominees		Specification of Share	Contact Number
Machin			
Noshin	wife	50%	
Uzma		50%	0306-1260239
Usma	Doughter	50%	
		7	0346-9191239
	(7)		
,	(in case of death of	first choice) - 2 nd Option	*
Name of Nominee/	Dollar T	1 14	
Nominees	ziciacionsinp	Specification of Share	Contact Number
1 1 1 1			
Sawab Khan	father	100%	
		- /	306-1260239
hereby corffic der			
ne	ove noted member(s)	Of my family mani-	re wholly dependent upon
)	and raining mentioned a	re wholly dependent upon
The earlier nomination made	, ,		
The earlier nomination mad	e by me (if any) may	kindly be treated as canco	Ilod - 1 c
* .		· and as carice	ned and of no effect
×	10 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		.)
DATED:		CICAIA	1
DATED:		SIGNATURE OR THU	JMB IMPRESSION OF
9-9-2024		THE EM	PLOYEE
		typan	,
* *		4	
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