

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

TRAINING & CONSULTING	[CTC - HRO - PTPF	– Recruitment & Sele	ection – 7.8.5-c-061]	
	in in the transfer of the tran	Nomination form- Ju	ne 2024]	
Form of N	Omination for Dooth	T	<b>3</b>	
340119	omination for Death	1- 11-		
CNIC # 21203-8&759 nominate the person/ pe	ROLL C		•	bearing
nominate the person/ perbeneficiary(ies) to receive the	ersons mentioned belo	ow who is/	ew	hereby
	ie death insurance amo (First c	· · · · · · · · · · · · · · · · · · ·	member(s) of in the event of m	my family as ny death.
Name of Nominee/	Relationship S	angifi ani		
Nominees	5	pecification of Shar	re Contac	t Number
1 Campan	Hubad	lan d		
	J. Sporta	100 %	0302-5	895743
,	In case of death of first	choice) - 2nd Option	on	i i
Name of Nominee/ Nominees	Relationship   Spe	cification of Share		
- Conditions		Share	Contact I	Number
		/	. /	
I hereby certified that the				
I hereby certified that the abov me.	e noted member(s) of n	ny family mentione	d are wholly den	
The earlier nomination made	Ov me (if any) may l:	17	acp	chaem apon
	, ally) may kind	lly be treated as ca	ncelled and of no	effect
•	The state of the s			
DATED:		SIGNATURE OR 1	HUMB IMPRES	SION OF
5/9/024	THE CONTRACTOR	THE Sul	EMPLOYEE	