

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

Form of Nomination				
Form of Nomination	s/d/w/o		•	
CNIC # 2 12 03 7777	s/d/w/o	Sen a Finw	ел	bearing
CNIC # 21203-782 (169) nominate the person/ persons	3-5 workin	///		hereby
				family as
beneficiary(ies) to receive the death i	isurance amount	(sum assured) in th	ne event of my o	leath.
	(First choic	e)		
Name of Nominee/ Relati	onship Speci	fication of Share	Contact N	T 1
Nonlinees			Contact	lumber
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rajarney Diat	esc 10	00%	033364	198873
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- C.				
(In case of	6 d - 17 CC			
(In case of death of first choice) – 2 nd Option				
Name of Nominee/ Relati	onship Specific	ation of Share	Contact Nu	mber
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			*	
2022 () A		* 1		
5.00 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
I hereby certified that the above noted me.	nember(s) of my f	amily mentioned a	re wholly donor	
13 - 31:	: '{ ;	. 11 (1)		
The earlier nomination made by me (i	any) may kindly	be treated as canac	ء تا المالا	
		a realed as carice	and of no e	ffect
the control of the co		•		* 1 3.
DATED:	SIC	NATURE OR TH	UMB IMPRESSI	ON OF
06/09/2024		THE EM	(PLOYEE	
		Le auto	J	