

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

Form of No	mination for D	eath Insurance for CT	
I Ghani ur Rehm	an	did to De	CEmployees
CIVIC# 11702-050	24/_1		
nominate the person/ per	Sons mentioned	working as CHI	V hereby
beneficiary(ies) to receive the	death insurance	amount (sum aggree 1)	hereby member(s) of my family as
		( - Land appared) II	n the event of my death.
DT. CO.	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Control
		of Sitale	Contact Number
Khukilli Jan نامِهُ الله الله الله الله الله الله الله ال			
Khukilli Jan	Brother	100% percents	ty 03327127431
		Complete	ty 0502/12/931
:			
(.	In case of death o	f first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/		Option	n
Nominees	Relationship	Specification of Share	Contact Number
Na Teeb ul Hag (Gdling)	7		
0	Brother	100% possent	03325025353
I hereby certified that the abov me.	e noted member (	s) of mar fam. 1	
me.		o) of my family mentioned	d are wholly dependent upon
The earlier nomination made 1			
The earlier nomination made l	y me (if any) ma	y kindly be treated as car	ncelled and of no effect
•			3
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
15/09/2024		THE	EMPLOYEE
101-112024			