

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

Form (of Nomination for Dea	th Insurance Care		
rjunamma	2 Maz s/d	1717/2	€ ,,,	
CNIC # 11203-75/1	persons mentioned by the death insurance an	w/o_Sohldah		bearing
nominate the person/	persons mentioned la	working as		hereby
beneficiary(ies) to receive	ve the death increase	elow who is/ are	member(s) of my	family a
· ·	persons mentioned by the death insurance ar	nount (sum assured) i	n the event of my de	ath
	(Firs	t choice)	,	
Name of Nominee/	Relationship	C 10		
Nominees		Specification of Share	Contact Nu	ımber
Ismail				
Ismail. Sobidan.	Brother.	50 %	1777.01621	
Sobidan			0333-964765	9
	Father	50 do	0222047/-	Α .
			033389763	0
	(In case of death acco		×	
No	de of death of fi	rst choice) - 2nd Option	n	
Name of Nominee/	ID 1			
Nominees		pecification of Share	Contact Num	ber
11 1		1		
Isband.	Incl-	50%		
		70/0	0336-979386	0 .
hereby certified that the				
ne.	above noted member(s) o	f my family mentioned	l	
		a micritioned	rare wholly depende	entupon
he earlier nomination ma	ado be en acción			
	ide by me (if any) may ki	ndly be treated as car	celled and at	
76		,500	effective and of no effe	ct
DATED:		SICNATION		
-4.1.LiD.		OTGIVATOKE OR T	HUMB IMPRESSION	1 OF
16/9/2001		THEE	MPLOYEE	
11004		(A)	111	
:		Carl.	U ^O	