

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

| form of | Nomination for De | eath Insurance for CT(| 3.D1 | |
|---------------------------------------|--|--|----------------------------------|---|
| I Mukh lis | | | - cmployees | |
| CNIC # 21203-39716; | | d/w/o Salikha | n bearing | 7 |
| nominate the porce / | 7-5 | working as CHI. | | _ |
| beneficiary(ice) to | persons mentioned | below who is/ are m | hereby hember(s) of my family as | y |
| beneficiary(ies) to receive | the death insurance a | amount (sum assured) in | the amily as | S |
| | | t and area; in | the event of my death. | |
| Namo of N | (Fi | rst choice) | | |
| Name of Nominee/ | Relationship | Specification of Share | | |
| Nominees | | opecinication of Share | Contact Number | |
| | | | | |
| Sadeea | o. T | | 1000/01 | 4 |
| | Brother | 100 % | 03336965758 | |
| | | | | 4 |
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| | | | | ل |
| × | (In case of death of | first choice) – 2 nd Option | * * | |
| Name of Nominee/ | | Option | • * | |
| Nominees | Relationship | Specification of Share | Contact Number | 7 |
| | | | Contact Number | |
| | | | | - |
| Sadeeq | Rust | 100 0/ | | |
| | DNOThes | 100 % | 3336965758 | |
| Thereby | | | | |
| me | ove noted member(s) | Of my family | | |
| I hereby certified that the ab | | and raminy mentioned | are wholly dependent upon | |
| The earlier nomination mad | | i e | _ | |
| i i i i i i i i i i i i i i i i i i i | e by me (if any) may | kindly be treated as canc | elled and of a co | |
| | | | ened and of no effect | |
| 0 | | | | |
| DATED: | | SIGNATIBEOD | Y 73 cm | |
| 11111 | | THE EN | UMB IMPRESSION OF | |
| 16/9/2024 | | | APLOYEE | |
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