

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

TRAINING & CONSULTING	[CTC - HRO -	PTPP – Recruitment & trance Nomination form	Selection -		
				•	a
Form of No	mination for D	eath Insurance for			
O IIII		11/1/1		. 0 6 6	
CNIC # 21203.0412 nominate the person/ per					bearing
nominate the person/ per	sons mentioned	below who	C·H.	·W	hereby
nominate the person/ per beneficiary(ies) to receive the	death insurance	amount (sum assure	are mem	iber(s) of m	y family as
		irst choice)	ca) III lile	event of my	death.
Name of Nominee/	1 (201)		*		
Nominees	Relationship	Specification of S	Share	Contact 1	Vumber
Abdul-wahab	Son	1000/			
M. Umair.	5027	100%		0307268	28 994
, , , , , ,	702	1 100%		//	
Name of Nominee/		first choice) - 2 nd O	ption		
Nominees	Relationship	Specification of Sha	are	Combanity	
				Contact Nu	mber
Pari	wife	100%		707 5101	2 6
				307.5689	
I hereby certified that the above	noted mon-1	4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
I hereby certified that the above me.	noted member(s)	of my family mention	oned are	wholly depen	dent upon
The earlier nomination made by	(7 mg /if a -)				T
The earlier nomination made b	mie (ii any) may	kindly be treated as	cancelle	d and of no e	fect
		•			
DATED:		SIGNATIIREO	, גז דדביר ס	m 73 cm	
12/9/2024		SIGNATURE O	TE EMPL	LD. LIMPRESSI(LD. LIMPRESSI(ON OF
111004	11.74	7/	2 A		
		<u>Cu</u>	oli		