

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

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Form of	Nomination for D	eath Insurance for (י בריים וברי
I Nisar Ahmal	χ	0/0	Man bearing
CNTC # 3 / 3 03 / 4	S/	d/w/o Hola	Van bearing
nominate the person /	11755-9	working as Area	Supervisor (AS), hereby
beneficiary(ies) to receive	persons mentioned	below who is/ are	member(s) of my family as
, ,	are acautifisurance	amount (sum assured	member(s) of my family as in the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Sha	
Nominees		of contention of Sus	are Contact Number
· (2/2			
·Safa	Daughter	50%	0300 - 3766983
Muhammad	Com	50%	
, , , , , , , , , , , , , , , , , , , ,		20/0	0300-3766983.
,	(In case of death of	first choice) - 2nd Opt	ion .
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
11.0 00			
Ada Ruan	father	100 %	036/ 570500
		/3	0346-578558.
I hereby certified that the abo	Ove noted momba.		ed are wholly dependent upon
me.	s o contentiber(s) of my family mention	ed are wholly dependent upon
The earlier nomination mad	o h		
The earlier nomination mad	e by me (if any) may	kindly be treated as c	ancelled and of no effect
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D A MAD		CICALATT	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
9.9.2024	THE EMPLOYEE		
Ahmad			
i			
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