

TRAINING & CONSULTING	- HRO – PTPP – Recruitmen	it & Selection –	7.8.5-c-0611	
[Insurance Nomination form- June 2024]				
Form of Nomination	n for Death Insurance	f- 070 -		
I Hidayot Ullah	- Just Histianice	ior CICEn	ployees	
CNIC # 21) 02-30 [8/1]	s/d/w/o	Nawab	Khan	bearing
nominate the person/	working as	cain chan	rap /SUDANICO	V.
beneficiary(ies) to receive the death in	thoned below who is,	/ are memb	per(s) of my	family as
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
	(First choice)			
Name of Nominee/ Relation	nship Specification	of Share		
a significant		or orrare	Contact Nu	mber
Naudah Knan Father	100 %		5227 00 1	
Committee of the commit	2071		08329898	5 2 3 2
coll families				
(In case of death of first choice) - 2nd Option				
Name of Nominee/				
Nominees	ship Specification of	Share	Contact Numb	per
Nabi Ullah Box	her Less %	03	3 Fg. 200	
The state of the s			30 100%.	242
I hereby certified that the above noted me me.	mber(s) of my famile			
TILE.	e co, or mry raining me	ntioned are w	holly dependen	nt upon
The earlier nomination made by me (if ar	more Li II I	¥)		
The earlier nomination made by me (if ar	ty) may kindly be treated	d as cancelled	and of no effec	:t
The state of the s				
DATED:	SIGNATITR	ר מ זענייר P () T) (D==-	ž
15-00 2021		THE EMPLO	B. IMPRESSION DYEE	OF
15 07-2024	1	M.	i	
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