

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

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Form of N	omination for D	eath Insurance for CI	CEmployees
I I tan ud Dm		(1)	C Employees
I_177an ud Din CNIC #_21202-73510	S/	a/w/o Tisam i	dd Din bearing
nominate the person/	<u>کا لی/</u>	working as Area	Supervisor hereby
beneficiary(ies) to receive the	rsons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive th	e deadt insurance	amount (sum assured) is	n the event of my death.
	51 561	irst choice)	
Name of Nominee/	Relationship	C 10	
Nominees		Specification of Share	e Contact Number
			,
Assam ud Din	Father	100 %	
Zia ud Din			03004420851
LIA MA DM	Brother	100 %	03077172009
			03011112009
	In case of death o	f first choice) - 2nd Optio	
Name of Nominee/	The second of	1 inst choice) - 2nd Optio	n ,
Nominees	Relationship	Specification of Share	Contact Number
			·
Zia ud Dm	Oxeth	,	
retor of Oin	Brother	100 /	0307-7172009
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
hereby certified that the above	renoted member	0) 0 (
ne.	o loca member (s) of my family mentione	d are wholly dependent upon
	11 10.14		
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
		, and the content of	
· ·			7
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
Jahan		THE EMPLOYEE	