

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

Form of	Nomination for D	eath Insurance for C			
I <u>Kashi</u> 7 Khey CNIC #) 1203 930		Aldria Zavaer	1C Employees		
CNIC # 1203 930 nominate the person/	09 \$ 14 9 0	4/N/0_ Career,	proces.	bearing	
nominate the person/	persons 'i'	_ working as		hereby	
nominate the person/ beneficiary(ies) to receive	the dooth in	below who is/ are	e member(s) of	my family as	
beneficiary(ies) to receive	the death insurance	amount (sum assured)) in the event of m	ly death.	
		irst choice)			
Name of Nominee/	Relationship	6 10			
Nominees	Relationship	Specification of Sha	are Contac	et Number	
Irshad	Brother	100%.			
	1,000	7	0300 36	52994.	
	(In case of death o	f first choice) - 2 nd Opt		*	
Name of N.	THE PARTY OF	Tillst Choice) - 2nd Opt	ion	s 2	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact	Contact Number	
1 Conditions			Correact	Number	
	3				
Inshed	Brother	100 %		5 001	
			0300 36	52994.	
I hereby certified that the all					
I hereby certified that the abme.	ove noted member	s) of my family mentior	red are wholly de	nendont	
			ريد ريد دري	rendern upon	
The earlier nomination mad	le by me (if any) ma	v kindle l			
* g .	, , , , , , , , , , , , , , , , , , , ,	y knickly be treated as c	cancelled and of n	o effect	
				.5.	
		The state of the s			
DATED:		SIGNATURE OR	THUMB IMPRES	SSION OF	
419/2024	Call	1H	E EMPLOYEE		
	79.00	W to			
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