

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

		eath Insurance for CI	
I Nadeem-Madin	s/	d/w/o Naimal	DIN bearing
CNIC # 17301-39160	348-1	working as 11(a)	Scaring
nominate the person/ per	reone montioned	heless is /	hereby
beneficiary(ies) to receive the	a dooth increase	below who is/ are i	nember(s) of my family as
beneficiary(ies) to receive the		amount (sum assured) ir	the event of my death.
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
ASma Nadeem	wi)e	50%	0343-9862088
AMbreen	sister	50%	
(In case of death of first choice) – 2 <sup>nd</sup> Option			
<u> </u>	(All case of death o	Tilist Choice) = 2 Option	"
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
	18 18		
Anoya.	Doughter	100%	
hereby certified that the above noted member(s) of my family mentioned are wholly dependent upor			
ne.	chotea member(	s) of my family members	ed are whony dependent upor
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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		CICNIATION	MIND ON CONTROL OF
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
THE EMPLOYEE			
19			
<b>&amp;</b> ( )			0-11-0
			4/8/1/2
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