

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

		Tune	2024]	
	in .	*		
T				
form of f	Nomination for D	eath Insurance for CT	Car 1	
I Mubarale Shah			Camployees	
I Mubarale Shah CNIC # 11202-93520 nominate the person/p	s/	d/w/p Hirat	Khan bearing	
nominate the person / n		_working as _ CHu	2	
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.				
7 (, -y x-ccc ₁ yc)		, , , , , , , , , , , , , , , , , , , ,	the event of my death.	
Name of Nominee/	(1 1 20)	irst choice)		
Nominees Nominee/	Relationship	Specification of Share		
Troninitees		r state and it of Share	Contact Number	
Khalid Khan	Brother	50%	0302-8834185	
1camils hom	B & Mer	56%	0301-5869715	
		3-7-8	33-58877/5-	
	(In case of death of	final 1 .		
Namo of NI	· · · · · ·	first choice) - 2nd Option	1.	
Name of Nominee/ Nominees	Relationship	Specification of Share	·	
1voilunees .		or scarce of Share	Contact Number	
Hammad Afrida	Con	100%		
	SON	100/8	0363-2672951	
I hereby cortification				
me	ve noted member(s)	of my family many	· ·	
I hereby certified that the abo me.)	and remaining mentioned	are wholly dependent upon	
The earlier nomination made	,			
The earlier nomination made	by me (if any) may	kindly be treated as can	collod t -c	
		, and the could	celled and of no effect	
			4	
DATED:		SIGNATURE OR TH	HIMP IN APPROPRIE	
2121		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
+14124		101.		
	1000	Musigne		
•			*	
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