

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

Form of N	lomination for I	Death Insurance for CTO	D.T
I S. Noveen CNIC # 17301-05790		VIII V O II A	Employees
CNIC # 172-1 - 5700	S	/a/w/o_S. Kamil	Shah bearing
	79 65 69		
beneficiary(ies) to receive the	ersons mentioned	d below who is/ are n	hereby nember(s) of my family as
beneficiary(ies) to receive the	ne death insurance	e amount (sum assured) in	the event of my death
		First choice)	actur.
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Syed Kamil Shah	Husband	100%	0311-9305048
			1303078
	(In case of death o	of first choice) - 2nd Option	
Name of Nominee/	Relationship	Specification of Share	Control N.
Nominees		- State	Contact Number
	1 1 1 1		
I hereby certified that the above me.	ve noted member(s) of my family mentioned	are wholly donor donor
me.			are whony dependent upon
The earlier nomination made	by me (if any) ma	v kindly be treated as	11 1 1 1
		y kindly be freated as cano	elled and of no effect
DATED		SIGNATURE OR TH	IUMB IMPRESSION OF
DATED:		THE EN	MPLOYEE
2-9-24			