

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

Form of No	mination for D	eath Insurance for CT	C Franlovoos
I tab 3 every	s/	d/w/o_ Ir few	rullah haring
CNIC # 1730/- 479;	7/01-8	vironlii	Dearing
THE PETBOIL DEL	SULIS IDENTIONED	DOLOTER VIELD 3-1	
beneficiary(ies) to receive the	death insurance	amount (sum assured) :-	member(s) of my family as
		antourit (Sunt assured) II	n the event of my death.
NT COS	(F.	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Somet I valider
Issemullara	hashed	l no al	
	HODEM	100%	03125950288
Sajid Awis	bother	100%	03465627620
	In case of death o	f first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecinication of Share	Contact Number
Civila	1 11		
L Savid Awis	boother	100%	03465627620
	j.		
I hereby certified that the above me.	e noted member(s) of my family mentione	d are wholly donor don
me.	,	, and	d are whony dependent upon
The earlier nomination made	h		
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
	C.	THE	EMPLOYEE
8.10.29		Fax ?	per