

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

Form of	Nomination for I	eath Insurance 6	OTICE T		
I Moseem Aura	m	1411 I I I I I	or CICE	mployees	
	<u>m</u> s	12/W/0 /MER 20	man	Khor	bearing
CNIC # <u>2/203 3234</u> nominate the person/	4679	working as	AS		· .
nominate the person/ j beneficiary(ies) to receive	persons mentioned	below who is/	are mer	nber(s) of r	nereby
beneficiary(ies) to receive	the death insurance	e amount (sum assu	ared) in th	e event of my	death
	11 - 11	First choice)			
Name of Nominee/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Nominees	Relationship	Specification of	f Share	Contact Number	
	Name of the second				
0.4.		1 1			
Mir Daman Kha	Father	100 4.		62114 242 2 C	
				03442728586	
					-
	(In case of death o	of first choice) - 2nd	O1:	*	
Name of Nominee/			Option		• • • • • • • • • • • • • • • • • • • •
Nominees	Relationship	Specification of S	Share	Contact N	Jumber
man dia and		1			
pruntizer	Broller	(00 of.	0	325 976	986,
I hereby certified that the ab me.	ove noted member	(c) of (			
me.		s) of my family mer	ntioned ar	e wholly dep	endent upon
The earlier nomination					
The earlier nomination mad	le by me (if any) ma	y kindly be treated	l as cancel	led and of no	offoct
1 1 m x				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· CITECT
,					***
DATED:		SIGNATURE	OR THU	MB IMPRES	STON OF
11/0/ 22 24			THE EMI	PLOYEE	
4/9/2029		کیم (لم	<b>&gt;</b> .	4 1	. ,
÷		0.2	. ' ill : ·		
			· :	9 9 9 1	
The state of the s	# 781 J. H	:			