

FORM OF NOMINATION



I, _____ Son/Daughter of _____

working as _____ in **Pakistan Revenue Automation (Pvt.) Ltd**, hereby nominate the person/persons mentioned below, who is/are member/members of my family to receive the assured sum in the event of my death under group term life insurance obtained by **Pakistan Revenue Automation (Pvt.) Ltd** for the benefits of their employees.

Sr No.	Name & address of nominee	Relationship	Percentage (%) to be paid to each nominee	Age	If the nominee is minor, name of person to whom payment is to be made on his/her behalf

Dated: _____

Witness: _____

Name: _____

Address: _____

Signature of Employee