

# COMSATS Institute of Information Technology





Treasurer's Department – Principal Seat

## NOMINATION FORM

“Required under Section 17 of the Benevolent & Group Insurance Funds Statutes, 2006”

Name:	Designation:
Father's Name:	Name of Spouse:
CNIC:	CPF/GPF ID:
Department:	Campus:

I, do hereby nominate the person/persons mentioned below who is/are members of my family as defined in the COMSATS Institute of Information Technology Benevolent and Group Insurance Fund Statutes, 2006, to receive the Benevolent Grants and Sum Assured in the event of my death:

Name & Address of the Nominee(s) along with CNIC number(s)	Relationship with the Subscriber	Age/Date of Birth of the Nominee(s)	Percentage of the amount to be paid to each nominee	If the Nominee is minor, name of the person/ persons to whom payment is to be made on behalf of the minor
Name:  CNIC:  Address:				

Signature of the subscriber:

Signed this \_\_\_\_ day of \_\_\_\_\_ 2011

### WITNESS

Name:
CNIC:
Address:
Signature:

### ATTESTATION

Certified, that the above mentioned information is correct as per office record & CIIT statutes.

Name:

Signature with Official Stamp  
Head of the Department