

**NOMINATION ROLL**

I, **PTNo.** \_\_\_\_\_ **Name:** \_\_\_\_\_, PASSCO  
in possession of my full senses and of my free will hereby nominate the following individual (s)  
to receive the payment of my all dues/benefits as shown against each, in case of my death :-

Sr No.	Name	Father's Name	National Identity Card No.	Relationship with me	Percentage of the Dues to be paid/received

**Signatures/Thumb Impression**

PT No. \_\_\_\_\_

Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Dated: \_\_\_\_\_

**WITNESSES:**

1. **Signatures/Thumb Impression**  
Name : \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
CNIC No. \_\_\_\_\_  
Residential, \_\_\_\_\_

2. **Signatures/Thumb Impression**  
Name: \_\_\_\_\_  
Father's Name \_\_\_\_\_  
CNIC No. \_\_\_\_\_  
Residential Address \_\_\_\_\_

**ATTESTED BY**

**Signatures:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Office Stamp:** \_\_\_\_\_