



The Institute of
Chartered Accountants
of Pakistan
Benevolent Fund

HEAD OFFICE

Dated : _____

**NOMINATION UNDER GROUP LIFE INSURANCE SCHEME
(MANAGED BY ICAP BENEVOLENT FUND)**

Being member of above referred group life insurance scheme, I hereby nominate the person or persons hereinafter described in columns 1 of the following schedule to be the person or persons to whom the amount of claim of aforesaid group life insurance scheme shall be payable in the event of my death in the ratio of shares in column 4 in full discharge of ICAP liability.

THE SCHEDULE ABOVE REFERRED TO

Name, address and N.I.C. No. of the nominee or nominee(s)	Relationship with nominee or nominee(s)	Nominee's date of birth	Percentage of claim to be paid to the nominee / (s)	Specimen Signature of nominees (if adult) for minor his / her guardian
1	2	3	4	5

Signature of Member (Insured)

Name of Member (Insured) _____

ICAP Reg.# _____

CNIC. # _____

Occupation _____

Address: _____

WITNESS:

(i). Name _____

Signature _____

CNIC #/ ICAP Reg.# _____

(ii). Name _____

Signature _____

CNIC # / ICAP Reg. # _____

Note: Please forward the form duly completed to:
Secretary, Benevolent Fund