

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

	**		
Form of No	omination for D	eath Insurance for CT	C EI
I Hazzat ul	lak 2	To all	CEmployees
I Hazzat uli	s/	d/w/o_fafih	(Jul bearing
CNIC # 2/20/-5/99	302-9	working as	? 6/1.10
rollmate are person/ pe	rsons mentioned	holory right in/	
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	-		or my acadi.
[N. 435	(1)	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
C 101 C			
Fatih Gul	Father	100%	42/m 0-12240
Abdullah		100)	0344-9023300
1-1001ellah	Brother	100%	0331-1818001
(In case of death of first choice) – $2^{nd}$ Option			
	1. ".		
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		a a	
1 1chalil ullah	Rother	100 %	0316-9776991
		/00 /	03/0 9710711
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	ve noted member(	s) of my family mentione	d are wholly dependent upon
	<u>.</u>		
The earlier nomination made	by me (if any) ma	ay kindly be treated as ca	ncelled and of no effect
,			
SIGNATURE OR THUMB IMPRESSION OF			
DATED:	THE EMPLOYEE		
29/08/024			
			CI CI