

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

Form of N	omination for L	eath Insurance for CT	CE1-	
I Asma	S	18/w/o_Naza	4 9 11	
CNIC # 1730111520	12L		bearing bearing	
CNIC # 173011539	rooms	_ working as	HW hereb	
beneficiary(ies) to receive the	a dooth in	below who is/ are	member(s) of my family a	
beneficiary(ies) to receive th	e death insurance	amount (sum assured) i	n the event of my death.	
	E - 81	First choice)		
Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
a A 1	Father		3	
Nazar gull	3 385	50%	03181920782	
Rukhsana	mother	50 %		
	In case of death o	f first choice) – 2 nd Option		
	11 3271	- 21101 спотсе) – 2111 Орно	n	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
TVOIIIIIEES				
Nazar gull	Father	550		
1 44240 Just		2010	3181929782	
I hereby certified that the above me.	e noted member(s	s) of my family mentioned	d are wholly donor done	
me.			attre whony dependent upon	
The earlier nomination made	h			
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect	
DATED:	SIGNATURE OR THUMB IMPRESSION OF			
		THE EMPLOYEE		
5-9- 2024	12	Smar		
	8 12 3			