

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

Form of N	Nomination for T	2-11-	
I Salma		Death Insurance for C	TCEmployees
	1. (48)	1 - 1	
CNIC # 17 3012312 nominate the person/ person	2706	Talve	eclu 1(99 bearing
nominate the person/ pe	770	_ working as C	41.1
beneficiary(ies) to receive the	le death incomed	below who is/ are	member(s) of my (
beneficiary(ies) to receive the	acaut hisurance	amount (sum assured)	in the event of my doct
	(F	First choice)	and they deam.
Name of Nominee/	51 341 4		
Nominees	Relationship	Specification of Share Contact Number	
			Contact Number
M. t	4.0		
Humaira	Sister	50	
Mal	A. Salar	30	03119434952
Mehreen	Sister	56	
	1		03119434952
	In case of death	· · · ·	
Name of Nominee/	III Pracadition	first choice) - 2nd Optio	n .
Nominees Nominee/	Relationship	Specification of Share	
		1 Silare	Contact Number
	9 (8)		
Ne jata	M H		
Jaila	Mother	100	03119434952.
Thoroby			3111939952.
I hereby certified that the above me.	e noted member(s)	of my family	
Tite.		or mry raining mentioned	d are wholly dependent upon
The earlier nomination made h	NY mag (if	0 a	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			or the citect
		,	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
8-1 0.01.	THE EMPLOYEE		
27 (ma 5-7-29)			
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	# #90 20 1 1 1		