

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

Form of N	lomination for D	ooth T	
1 Shakeda		eath Insurance for CT	CEmployees
CNTC " 172-1 / 2-	s/	d/w/o Nozir	ullan
CNIC # 17301-433 nominate the person/ pe	8997-4	working as	bearing
beneficiary(jes) to receive	ersons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive th	ne death insurance	amount (sum assured) is	n the event of my death
	(Fi	rst choice)	or my death.
Name of Nominee/	Relationship		
Nominees	is a second of the second of t	Specification of Share	Contact Number
Nooryhoda	Tather		
A1 11 1		50%	0310.9507735
Nooryhoda	Mother	(^ "	
		30%	
	In case of death of	first choice) – 2 nd Optior	
Name of Nominee/	I I D T		1
Nominees	Relationship	Specification of Share	Contact Number
	H H		* 1 1 1
Shegjullah	, ,,		
Chan (1/94	Drother	100%	03/09904749
Thoroby use	11 11 11 11 11 11 11 11 11 11 11 11 11		
I hereby certified that the above me.	e noted member(s)	of my family mentioned	are wholler I
			are wholly dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		y or treated as can	celled and of no effect
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ÿ	
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
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Shaveola Chaveola			
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	排 辩证:		