

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

| Form of No   | Dimination for D                 | oath T-                                  |                       |
|--|----------------------------------|--|-----------------------|
| I_Tahira   |                                  | eath Insurance for CTC                   | Employees             |
|  | s/                               | d/w/0 51 D                               | 1 7 10 0              |
| CNIC # 35202 274 nominate the person/ per  | 75/6/                            | - Strattato                              | d-Ullah bearing       |
| nominate the person /  | 170                              | _working as _ CAL                        |                       |
| beneficiary(ies) to receive the  | dooth                            | below who is/ are m                      | ember(s) of my f      |
| beneficiary(ies) to receive the  | death insurance                  | amount (sum assured) in                  | the event of my days  |
|  | (Fi                              | rst choice)                              | or my death.          |
| Name of Nominee/   | 11 1 DF1                         | tor choice)                              |                       |
| Nominees   | Relationship                     | Specification of Share                   | C- 1                  |
| Shap gat-Ullah   | Husberd                          | - January                                | Contact Number        |
| U V SALA   | Musliend                         | 160                                      | 03008151062           |
|  |                                  |  | 300015 1062           |
|  |                                  |  |                       |
|  |                                  |  |                       |
|  |                                  |  |                       |
| . 77   |                                  |  |                       |
| , (1)  | case of death of                 | first choice) - 2nd Option               |                       |
| Name of Nominee/   | Dian                             |  | السناسان              |
| Nominees   | -ioladoliship                    | Specification of Share                   | Contact Number        |
|  |                                  |  |                       |
| 1 1 1 2 2  | 200                              |  |                       |
| M. Ahmad   | Sun                              |  |                       |
|  | liai .                           | 100 0                                    | 3008151062.           |
| I hereby certified that the above me.  |                                  |  |                       |
| me.  | noted member(s)                  | of my family mentioned a                 | re wholly dependent   |
| The state of the s |                                  |  | acpendent upon        |
| The earlier nomination made by   | me (if any) may                  | kindly be tracted                        |                       |
| The earlier nomination made by   |                                  | the realed as cance                      | lled and of no effect |
| ·  |                                  |  |                       |
| D A TITLE  |                                  | CICNIATIVE                               |                       |
| DATED:   | SIGNATURE OR THUMB IMPRESSION OF |  |                       |
| 5.9.24 THE EMPLOYEE  |                                  |  |                       |
| Johns  |                                  |  | 49                    |
| i i i i i i i i i i i i i i i i i i i  |                                  | 11 |                       |
|  | 9 148 " . 1                      |  |                       |