

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

Form of N	omination for I	Death Insurance for C	
I Nhapping a		Jeath Insurance for C	TC Employees
O BI	S	/d/w/o_Bilal	About of
CNIC # 17301-313393	22	0.791	bearing bearing
nominate the percent	11 17 1	_ working asGF	hereby member(s) of my family as
beneficiary(ies) to receive th	e death incomed	below who is/ are	member(s) of my family
beneficiary(ies) to receive th	acadi Hisurance	amount (sum assured) i	n the event of my dock
	(F	First choice)	or my deam.
Name of Nominee/	V. O DELL		
Nominees	Relationship	Specification of Share	e Contract
	The state of the s		e Contact Number
Massnain Ahmad	C		
	Son	50 %	0343920357)
Talka Ahmad		4.1	393 120 33 7)
	Don	50 %	03439203572
(1	n case of death of	f first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			· · · · · · · · · · · · · · · · · · ·
B:1-1 01 1	ÿ 1, ½		
Bilal Ahmad	Musband	100 %	
	1 1441		03439203572
I hereby certified at		1	12:50 33 12
I hereby certified that the above me.	noted member(s	of my family mentioned	
	H VIII III II	, ———, meridoried	are wholly dependent upon
The earlier nomination made by	Tomo (if any)		
The earlier nomination made by	me (if any) may	kindly be treated as can	celled and of no effect
	H vit		of the criect
		• 1	
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
		THEE	MPLOYEE
5.9.2024		110	
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*		7-, 11-	
	H North I is a		*
	1 119. 1		the state of the s