

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

Form of N	omination for D	eath Insurance for CT	CEmployees	
- I	1(2P 5)	14/1/10	, is	
CNIC # 17301 DU 2	117.0	In the second second	bearing hereby	
nominate the person/ pe	ISONS mentioned	working asC	hereby	
beneficiary(ies) to receive th	e death insurance	below who is/ are r	hereby nember(s) of my family as	
beneficiary(ies) to receive th	I I I I I I I I I I I I I I I I I I I	amount (sum assured) ir	the event of my death.	
	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		opecation of Share	Contact Number	
	11 000 2 101			
(Asg)	سن سر	50%	-219997/02	
		30%	03199876930	
	100 200		02512916	
(In case of death of	first choice) - 2nd Option	A COUNTY OF THE PARTY OF THE PA	
Name of Nominee/	CHARLES AND AND ADDRESS OF THE PARTY OF THE	Administration of the second		
Nominees	Relationship	Specification of Share	Contact Number	
-,				
J1/12	(31)	50%	0314-9165915	
			0311 7100713	
hereby certified that the above	noted member(s) of my fo_11_	d are wholly dependent upon	
ne.	The state of the s	of my family mentioned	d are wholly dependent upon	
	I I LA LA SE			
he earlier nomination made b	y me (if any) may	kindly be treated as car	ncelled and of no effect	
			1374 1	
ATED:		SIGNATURE OR THUMB IMPRESSION OF		
	THE EMPLOYEE			
国际国际基础	I Bereit			
	All the second s			