

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

Form of N	Jomination for I	Dooth T.	
T 0 11	1011	Death Insurance for CTO	Employees
I_Sumaika		IXInula Da	Λι
		/d/w/o Pasers	Hhmad bearing
CNIC # 1730 413			
nominate the person/ pe	ersons mentioned	- Working as	hereby
beneficiary(ies) to receive the	ne death in	delow who is/ are m	hereby hember(s) of my family as
beneficiary(ies) to receive the	ie death insurance	e amount (sum assured) in	the event of my dooth
	(7	7:	or my death.
	1 (1	First choice)	
Name of Nominee/	Relationship	S	
Nominees	- Contracting	Specification of Share	Contact Number
	1 1		
Basses Ahmad	Pathos	5 51	
	TATMER	50%	03219106818
Salcema	Sister	= =1	
- Decrina	DISTED	50%	03470928884
			110 120084
14 1043-114 75	The case of J.		
	in case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship		
Nominees	Relationship	Specification of Share	Contact Number
	H · s		
	1 11 1		
Thereby cortical in an			
I hereby certified that the above me.	e noted member (s	s) of my family mentioned	are wholly done i
me.		, , , , , , , , , , , , , , , , , , ,	are wholly dependent upon
The earlier nomination			
The earlier nomination made	by me (if any) may	y kindly be treated as cance	elled and of no offert
			and of no effect
		*	
		CTCX	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			IPLOYEE .
21912024			
		Jumaj	sa.