

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

Form of	Nomination for	Dooth I	
7-/		Death Insurance for CTO	Employees
1 - Gimen	BiBi	1d/w/2 M 21	2
CNIC# UZ21 0	0.	Death Insurance for CTC  6/d/w/o	bearing
nominate 11	841323-8	Working as Ohl	Carmy
horimate the person/	persons mentioned	helow rish :	hereb
beneficiary(ies) to receive	the death insurance	a amount (	hereby
		d below who is/ are me amount (sum assured) in	the event of my death.
	(1	First choice)	
Name of Nominee/	- R 68		
Nominees	Relationship	Specification of Share	
		- State	Contact Number
	H 1901 3		
M. Yasis	Husband	,	
y cor	Jus Danie	rd 100%.	0349 1964 766
			399 1 1 1 0 9 1 66
	(T-		
	(in case of death o	f first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			Trailibet
	11 113		
I hereby certified that the abo	Ve noted 1		
I hereby certified that the abo	verioted member(s	) of my family mentioned a	re wholly dependent upon
	The state of the s		
The earlier nomination made	by me (if any) may	-1.1. 71 1	
	- Jane (it ally) Illay	kindly be treated as cance	elled and of no effect
DATED:		SIGNATURE OR THE	IMP IMPRESSION
	THE EMPLOYEE		
2-9-24			
		7 ()	