

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

Form of	Nomination for I	Death Insurance for CTC	NT
DARRAG	Dano s	10/15/2 TI 0 1	
CNIC # 17301 50	9677716	working as CH	2 Khan bearin
nominate the person/ p	persons mentioned	working as CH	W hereb
beneficiary(ies) to receive	the death insurance	amount (sym	hereb
		(source) in t	he event of my death.
<u></u>	(F	First choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		of scale and of Share	Contact Number
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U3ma bi bi	doughter	1 01	
0.100	aca 2 MAS	100%	03477575867
	(In case of doors		
Nome	(arease of death o	f first choice) – 2 nd Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Combact NT
rvonimiees			Contact Number
I hereby certified the true			
I hereby certified that the abo	ve noted member(s) of my family mentioned as	re wholly dependent upon
The earlier nomination made	by me (if any) may	kindly be treated as cancel	llod and a const
		y	ned and of no effect
DATED:		SIGNATURE OR THI	IMB IMPRESSION OF
Dried.	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
2/9/24			
4.147			
		0 0	
	Quel		
		2/9/24	2 3