

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

Form of N	Tomination for I	eath Income		
I Ruchan		Peath Insurance for CT	CEmployees	
I Bushra		/d/w/o Mahah	at Khan bearing	
CNIC # 17301-18 nominate the person/ pe	79686-0	01.	bearing	
nominate the person/ pe	ersons mentioned	working as	hereby	
beneficiary(ies) to receive th	ne death insurance	amount (area	member(s) of my family as	
beneficiary(ies) to receive the		amount (sum assured) is	n the event of my death.	
	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Cl		
Nominees		Specification of Share	Contact Number	
Mahnoor	0.,			
	Sister		0318-5399621	
AhSan ullah	Brother	5 au		
	Diviner	101/4	0345-9200257	
	(in case of death o	f first choice) – 2 nd Option	n	
Name of Nominee/	Relationship	Specification of Share	Combanal NI	
Nominees		1 STATE OF CHARLE	Contact Number	
	1 11			
Shamshada	MA	1		
Silarisrigora	Mother	100%	0332 - 9391469	
T1 1		* (#1		
I hereby certified that the above me.	ve noted member (s	s) of my family mentioned	d are wholly dependent upon	
The earlier nomination made	by me (if any) may	v kindly be treated as car	ocallod and a Company	
		o a carea as car	icelied and of no effect	
D 4 7777		SIGNATURE OR T	HUMB IMPRESSION OF	
DATED: THE EMPLOYEE				
2.9.2024		(R)		
7	1 414	- TA		