

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

Form of 1	Nomination fo	or Death Insurance for CTC Employees
(PPI)	H THE	1-0) ccs

	wollination for	Death Insurance for CT	CEmployees		
I Nasseen		s/d/w/o M. Adn	- Laployees		
CNIC # 17301 (10)	30070	station IVI. Adn	bearing bearing		
nominate the person/	12812-4	working as	HIAL		
beneficiary(ies) to receive	the death	ed below who is/ are n	hereby hereby hereby the event of my family as		
7 , 7 , 7 , 7 , 7 , 7 , 7 , 7 , 7 , 7 ,	are death insurance	ed below who is/ are note amount (sum assured) in	the event of my death		
		(First choice)	y acadi.		
Name of Nominee/	- H 178				
Nominees	Relationship	Specification of Share	Contact Number		
Faxwa	یٹی ک	5. %			
Fuxgan			03129389951		
- I Goyan	1 the	501	03129329951		
Bakthaix					
	24	1001	03065985363		
	(In case of death	of first choice) - 2nd Option			
Name of Nominee/	Relationship	Specification of Share			
Nominees		opechication of Share	Contact Number		
	11 - 41				
Thereby contict 1.1					
I hereby certified that the abome.	ve noted member(s) of my family mentioned a	are wholly done 1		
The earlier nomination made	by me (if any) ma	v kindly be treated as			
		y see treated as cance	elled and of no effect		
		1.4			
DATED:	DATED: SIGNATURE OR THUMB IMPRESSION OF				
THE EMPLOYEE					
2/9/2024					
		Mastee	4		
	E 9E				