

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

Form of Nomir	nation for D	eath Insuran	ce for CTC Employees
Nucan	*		ce for CIC Employees

- // 1		and Histiatice for CI	CEmployees
I Shoaib MHO	<i>9</i> 7 s/	d/w/o_Mchrah	C Employees Dearing
CNIC # 212.0/-61569/1			bearing
nominate the person / no	_5	_working as	hereby
beneficiary(jes) to receive the	rsons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive th	ie death insurance	amount (sum assured) is	n the event of my death
	28	irst choice)	
Name of Name		not choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
ronmiees			Contact Number
	1 1		
shamin	Brother	100%	-22(020/40/
	124014/20	100 10	03359386798
	11	* * * * * * * * * * * * * * * * * * *	
	(In case of death o	f first choice) - 2nd Option	n
Name of Nominee/	Relationship	1	
Nominees	relationship	Specification of Share	Contact Number
		- X	
saliman	Brother	1000%	5 0 1/5 /005
3000	Bromeo	100 10	03025536983
Thereby certified that the al			
me.	ve noted member (s) of my family mentione	d are wholly dependent upon
	<u>.</u>		
The earlier nomination made	by me (if any) ma	v kindly be treated as car	ncolled and a first of
	, , , , , , , , , , , , , , , , , , , ,	y many be treated as cal	ncened and of no effect
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		SICNIATTIDE OD	
DATED:			THUMB IMPRESSION OF EMPLOYEE
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7141 get W	»Ĭ	Shoot	- h
\	(c.) (d.		