

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

E- (2)			
Form of N	omination for D	eath Insurance for CT(Frankova
I Property		201 61	- Latployees
12 ac R	han s/	'd/w/o_A/;	an bearing
CNIC # 21201.957783	0 6		e. H. W hereby
nominate the person/ no	F0070	_ working as	hereby
beneficiary(ies) to receive the	isons mentioned	below who is/ are n	hereby hember(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death
			y south.
	(1	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	opecation of Share	Contact Number
		for!	
Ω ℓ .		()	
He! Jan	Father	50%	222 22 = 1
0. 2	1	201.	0333.9954670
Shatia	brother	50%	1.3/.0
		DUT	10341.42 86 278
	~		
	(In case of death o	f first choice) – 2 nd Option	L
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
12.			
,) habla	Brother	100%	03339954 620
	14		00011010
	1	ļ.	
I hereby certified that the above	ve noted member/	s) of my family	
I hereby certified that the above me.	ve noted member(s) of my family mentioned	are wholly dependent upon
	**		
	**		
I hereby certified that the above me. The earlier nomination made	**		
	**		
	by me (if any) ma	y kindly be treated as can	celled and of no effect
	**	y kindly be treated as can SIGNATURE OR TI	celled and of no effect HUMB IMPRESSION OF
The earlier nomination made	by me (if any) ma	y kindly be treated as can SIGNATURE OR TI	celled and of no effect