

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

7			
Form of No	omination for D	eath Insurance for CT	CEmployees
1 TOTALEED IC	HAN_s	d/W/O MANE	ET WILLOW
CNIC # 21201-61447	59-5	TATORICINA	H.W hereby
nominate the person/ per	rsons mentioned	below whe :	hereby hereby
beneficiary(ies) to receive the	e death insurance	amount (sum assured)	member(s) of my family as
		same (sam assured) i	n the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	i	opecinication of Share	e Contact Number
	i i		
KHAN MATEENA		./	
THE ENTY	WIFE	100 %	0310-1499091
		l.	
	in case of death o	f first choice) – 2 nd Optio	n
Name of Nominee/	Relationship	Specification of Share	Collins
Nominees		of sometion of Share	Contact Number
		1	
100 110		4	
MUHAMMAD WAJID	BOTHER	100%	0336-8007780
I hereby certified that the abov me.	e noted member(s	s) of my family mentione	d aro richaller dans I
me.	1	, and a micrellone	d are whonly dependent upon
The earlier nomination made 1	·		
The earlier nomination made l	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
DATED: SIGNATURE OR THUMB IMPRESSION OF			THUMB IMPRESSION OF
×	i.	THE	EMPLOYEE
29/08/2024	i a		Claus