

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

Form of I	Nomination for I	Death Insurance for CT	C F1
I_ Rubi		LIV.	CEmployees
CNIC " 1720 151	S	i/d/w/o_ Kamya	n Inayat bearin
CNIC # 17301540	-001 - 11	ALCOHOL: 1 14	
are person i	ersone montions	J 1 1	member(s) of my family a
beneficiary(ies) to receive t	he death insurance	e amount (sum assured) ir	the event of my dooth
		First choice)	event of my deam.
Name of Nominee/	Relationship	Specification of Share	
Nominees		operation of Share	Contact Number
Kamsan Inayaf Hasnain	Husbangl	62.01	
	THE STATE OF	30 %	0321-9018053
Hasnain	Son	50.%	0317 - 8330961
	(In case of death of	of first choice) - 2 <sup>nd</sup> Option	1
Name of Nominee/	Relationship	Specification of Share	
Nominees		Specification of Share	Contact Number
Haris Mustafa	Son		
Theres is assaya	Son	100%	0313 9503322
hereby certified that the abo	ve noted member(	s) of my family mentioned	are wholly dependent upon
ie.			acpendent apon
he earlier nomination made	by me (if any) ma	v kindly be treated as see	-11 1 1 1
	, , , , , , , , , , , , , , , , , , , ,	y kindly be treated as can	celled and of no effect
		SIGNATURE OR TH	HIMR IMPRESSION OF
DATED: 13 8 24		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	