

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

-	Nomination for I	Death Insurance for CTO	Employees
Jacobsun)	Idlanda Cual D	1: 0/1
CNIC # /730/608	CUTIC	working as S	bearing
nominate the person/	persons	_ Working as	hereb
beneficiary(ies) to receive	the death incurred	below who is/ are m	hereb
	acadi hisulance	d below who is/ are me amount (sum assured) in	the event of my death.
		First choice)	
Name of Nominee/	Relationship	Constitution of the	
Nominees	- and orbital	Specification of Share	Contact Number
	11000		
Mekreen	Sister	two-d	03139155021
	ODIE	100%	
	(In case of death	<i>CC</i>	
	(in case of death o	of first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Ivaniber
	1 1 1 1 1 1 1		
. i II ake	I III		
I hereby certified that the al-			
I hereby certified that the abome.	ove noted member(s) of my family mentioned	are wholly dependent upon
The earlier nomination mad	e by me (if any) ma	y kindly be treated as canc	elled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
0.0		THE EN	MPLOYEE
2-9-24		Andr	
		Shew	*** Hinduis III
	1 74		