

DATED:

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

	1		
Form of N	Jomination for T	Coath T	
Lea	, and the state of	Death Insurance for CT	C Employees
- Or Con	s	/d/w/o	bearing
CNIC # 912 01-819	29011 0	OL	bearing hereby
nominate the person/	104-9	_ working asA	haraby
beneficiary(ies) to receive the	ersons mentioned	l below who is/ are r	nember(s) of my family as
beneficiary(ies) to receive the	ne death insurance	e amount (sum assured) ir	the event of my death
		irst choice)	acata.
NI COS		Tist Choice)	
Name of Nominee/	Relationship	Specification of Share	Combany
Nominees		1 State of Share	Contact Number
6 lá cilien	1)60	1	
O LB OLD	1000	100 %	0333-9291093
00000000000000000000000000000000000000			
		I I	
*	(In case of death of	of first choice) – 2 nd Option	
		option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nonunees			
1 100 / 100	1)000	to Dy	
1414	100	100/0	
I hereby certified that the abo	ve noted member	s) of my family marking	d are wholly dependent upon
me.		o) of my failury mentioned	l are wholly dependent upon
TT. 1.			
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
		SIGNATUREORT	HUMB IMPRESSION OF
DATED:	i i	THE THE OWN I	TIOTATO TIATL IVESSION OF

THE EMPLOYEE