

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

Form of Nominatio

20111 01 1	ommation for L	Death Insurance for CTC	Employees
I Ayesha-Rici	Zs	/d/w/o M D:-	
CNIC # 17301 -3299 nominate the person/ pe	730.0	11190,	bearing bearing
nominate the person/ pe	ersons mentioned	working as HVea S	ember(s) of my family as
beneficiary(ies) to receive the	ne death insurance	amount (sum assert)	ember(s) of my family as
		in (sum assured) in	the event of my death.
	(I	First choice)	
Name of Nominee/	Relationship	Specification of Share	C 1 1 1 1 1
Nominees		1 State of State	Contact Number
18 mail Shah	Hachand	100%	1997 to 0
			0319-3387393
wajid	Brother	(00%	0312-9171204
			1212-141209
	(In case of death o	of first choice) – 2 nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
		,	
7 '0 ,		A	
Ismailshah	Hasband	100%	319-3387393
			21-330/3/3

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

5-9024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Lyesha Riaz