

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

	1,		
Form of No	omination for D	eath Insurance for CT	
I Agshoon III		cath hisurance for CI	C Employees
I Agshoon Wh	s,	/d/w/o_\addar	Du bearing
CNIC # 2/20/ 488	4489-8	working as ///	
rionimiate the person/ per	rsons mentioned	holory	The release
beneficiary(ies) to receive the	e death insurance	amount (sum assured) is	n the event of my death.
		irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
Nonunees			Sommer Ivanibei
Ramya Jana	Wite	100%	030140011201
		100/	03249861384
, (	In case of death o	of first choice) – 2 <sup>nd</sup> Option	n
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	op semicution of Share	Contact Number
	Soh		
Uzair Khan	Son	1007.	03249861384
	li L		
I hereby certified that the abov me.	e noted member(	s) of my family mentione	d are wholly dependent upon
	ę d		
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect
DATED:		The state of the s	THUMB IMPRESSION OF

THE EMPLOYEE