

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

E	_			
form of N	omination for D	eath Insurance for CT	CEmployees	
I_Zarshid		d/w/o_Hashim	1.1	
CNIC # 2124 2222	s/	a/w/o_riushim	Khon bearing	
CNIC # 21202 - 3723 nominate the person/ pe	458-5	working as CHO		
heneficion (ica)	ersons mentioned	below who is/ are	hereby member(s) of my family as	
beneficiary(ies) to receive the	ne death insurance	amount (sum assured) in	n the event of my dock	
	(1 - 31)		death.	
N	(P	irst choice)		
Name of Nominee/	Relationship	Specification of Share	a Carl 137	
Nominees		i salati di dilai	e Contact Number	
0.1.1				
Allah noor	Son	50	2227 1-1-	
Hasnain	-	50 %	0333-6587748	
riosnovin	Som	50 %		
		00 /0		
,	(In case of death o	f first choice) - 2 nd Optio	n .	
Name of Nominee/	Relationship			
Nominees		Specification of Share	Contact Number	
Als bibi	Chause	4/		
] Dpoor	100 %	0302-2668384	
I hereby certified that the abo	Ve noted member/	2) - (d are wholly dependent upon	
me.	realistica member (s) of my family mentione	d are wholly dependent upon	
	17 13.11	and the second s		
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ngollod - 1 C	
		y stated as cal	ncened and of no effect	
			ę.	
DATED		SIGNATIBEODT	TITI IN CO. TO TO	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
07 -09- 2024			LIVII LOI EE	