

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

Form of N	omination for D	eath Insurance for CT	
I Fand ulla		definition of the CT	CEmployees  Khan  bearing
CNIC # 21202. 9168	3249	91/W10_( <u>XUS17N</u>	Rhan bearing
nominate the person/ no	rcond	- 6 45 - 47	herehr
beneficiary(ies) to receive the	ne death insurance	amount (suppagazza d)	hereby member(s) of my family as
		(Sain assarea) II	n the event of my death.
Name of Nominee/	1 1 21 1	irst choice)	
Nominees Nominee/	Relationship	Specification of Share	Contact Number
Aysha			
	Spouse	80 %	0333 9623594
Aman ullah	Brother	20%	0302 598 2229
			10302 3 10 1119
•	(In case of death o	f first choice) – 2 <sup>nd</sup> Option	n
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
Hyosa	Spouse	100%	
0	100		07379623594
I hereby certified that the above me.	ve noted member(	2) 04	
me.	i vi	s) of my family mentioned	d are wholly dependent upon
The earlier nomination made	hy mo (if )		
	oy me (many) ma	y kindly be treated as car	ncelled and of no effect
₹ 3	The second secon		
DATED:		SIGNATUREORT	TITUS CO. TO CO.
Dlake:	ED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
04/09/2024		P	id
		1 200	