

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

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Form			
TOTHE OF INC	imination for D	eath Insurance for CTC	NT 1
	A. J. J.	eath Insurance for CTC	Employees
ander	Mar s	d/2010	2 0
Chirc was and	5/	a, w/o_fal	leanas hearing
CNIC# 2008-0499	921-2	7.7.7.	bearing
nominate the person/ per	Sono /	_ working as	+(A) hovel-
CNIC # SDD > O () O P Working as hereby heneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
death insurance amount (sum assured) in the			
		(Suit assured) in	the event of my death.
	(F	irst choice)	
NI		ast choice)	
Name of Nominee/	Relationship		
Nominees	ziciadoristup.	Specification of Share	Contact Number
			Contact Number
Tehsil bibi	~		
rensil bisi	lotton)	1 /	
	Cover	[50]	0311-0709888
		/	237. 3901018
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, (I	n case of doath of	C	
, and the second	cupe of death of	first choice) - 2nd Option	,
Name of Nominee/			
Nominees	Relationship	Specification of Share	Carl
1		, Januare	Contact Number
1			
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	wite	10001	
,		100/	311-0709898
Thereby			
I hereby certified that the above me.	noted member/o	\ cf (
me.	Tarchiber (S	of my family mentioned a	re wholly dependent
	H XIII		dependent upon
The earlier nomination made b		* t	
and in the part of	y me (if any) may	kindly he treated as	77
		be freated as cance	elled and of no effect
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D 1 ====			
DATED:		SIGNATURE OR THI	JMB IMPRESSION OF
1000		THE EN	PLOYEE
18/8/026			
110		e	Ju
		- July	