

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

roun of N	omination for D	eath Insurance for CTC	-T1
I MOZAHIO s/d/w/o HAVAT Gull bearing			
MOZAHID		21-1- 11045	
	S/	a/w/o_//////////////////////////////////	Tul bearing
CNIC # 2/202-14)2	MAND		- Dearning
	7092	working as (o H o/	bearing hereby
nominate the person/ p	ersons mentioned	helow who is/	nereby
beneficiary(ies) to receive t	he dooth :	selow with is are me	hereby ember(s) of my family as
beneficiary(ies) to receive t	ic deadt Hisurance	amount (sum assured) in t	he event of my death
			of the dead.
	(Fi	rst choice)	
NI. CAT			
Name of Nominee/	Relationship	Specification (C)	
Nominees		Specification of Share	Contact Number
1100	0		
MASEEBA BIB	3) HITE	100	
(711)	1. 6011	100	0349-1905557
(0)			7/1/1/0007
SAN BIRI	MolLow	100	
	17-07	100	0349-1905557
	(7)		
	(In case of death of	first choice) - 2nd Option	
NT COST		option	
Name of Nominee/	Relationship	Specifical: 60	
Nominees		Specification of Share	Contact Number
SAID RAHMAN	0 7		
STILL ICHTILLAN	BrotLer	100	0241- 4
	li ski i i i		0349-1905557
T 7	i i i i i i i i i i i i i i i i i i i		
I hereby certified that the abome.	ove noted momband	N = C = - C	į
me.	reguleriber(s	s) of my family mentioned a	are wholly dependent upon
The continue		7	
The earlier nomination made	e by me (if any) may	iz kindler have	*
:	7	y killing be treated as canc	elled and of no effect
ε			3
*			
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	11 11 E. 1		
D V CLILLY C		SIGNATIBEODO	
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF
		SIGNATURE OR TH	IUMB IMPRESSION OF MPLOYEE
DATED:		SIGNATURE OR THE EN	IUMB IMPRESSION OF MPLOYEE
		SIGNATURE OR THE EN	IUMB IMPRESSION OF MPLOYEE
		SIGNATURE OR THE EN	IUMB IMPRESSION OF MPLOYEE