

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

Form of No	omination for D	eath Insurance for CTC	Emanlana
I Tobeed Noz	s/	d/w/o Mahsin	Ali
CNIC # 1730101713	151		bearing
CNIC # 1730101713	rsons montioned	_ working as	hereby
beneficiary(ies) to receive the	e death insurance	below who is/ are m	ember(s) of my family as
beneficiary(ies) to receive the	- acadi hisarance	irst choice)	the event of my death.
Name of Nominee/	Relationship	Specification of Share	
Nominees		opechication of Share	Contact Number
Mohsia Adi	Husband	70%	
	i i i i i i i i i i i i i i i i i i i	10 /°	0313 9048156
Muhmmod Danyal	Son	50 %	0348 5000 620
			10.390 3000 620
	(In case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of CL	
Nominees	Relationship	Specification of Share	Contact Number
	31 36		
	5 .		
Mohsia Adi	Husband	100%	03139648156
The court of the c	i .	100 /	03137698136
T11 ('C' 1-11 1		AND THE RESERVE OF THE PERSON	
I hereby certified that the abo	ve noted member	(s) of my family mentioned	are wholly dependent upon
me.	# 50		
The earlier nomination made	by me (if any) ma	ay kindly be treated as can	celled and of no effect
		SIGNATURE OR T	HUMB IMPRESSION OF
DATED:	THE EMPLOYEE		
4/9/024	1	Dr	