

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

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Form of N	Omination for I)	
I At de a	omination for L	Death Insurance for CT	C Employees
- Thomas Cul	S	/d/w/o_Show	hzad Gul bearing
CNIC # 26201 90172	2501	1.	bearing bearing
nominate the person/ ne	rconc mani	_ Working as	How hereby
beneficiary(ies) to receive th	e death insurance	amount (sum assume 1)	hereby nember(s) of my family as
		in (ball assured) in	the event of my death.
	(F	First choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	-	opechication of Share	Contact Number
Shahida RiBi	W/o	9	
- STORE TO STORE TO	470		0333 99383 11
	5		
	In case of J. II	20	
	iii case or death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 Share	Contact Number
Shahiela BiBi	/		
101 131	C010		03339938311
71	i p		
I hereby certified that the above me.	e noted member(s) of my family mentioned	are wholly dependent upon
me.	t E		and writing dependent upon
The earlier nomination made	by me (if any) ma	W kindler had to	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
a a			
		CICNIA TEXTON OF THE	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
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