

DATED:

6.9.024

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

Τ			
Form of N	omination for I	Death Insurance for CTO	Franloyees
I Nisas Khan		1311	Employees Khan bearing
CNIC # 17 2 1 41	S	/a/w/o_Nasis	Khan bearing
beneficiary(ies) to receive	rsons mentioned	l below who is/ are n	hereby nember(s) of my family as
beneficiary(ies) to receive th	e death insurance	e amount (sum assured) in	the event of my death
		First choice)	and a country
Name of Nominee/	<u></u>	- anoree)	
Nominees	Relationship	Specification of Share	Contact Number
N/ / s		6	
Yahia Zekerah	Son	100%	027/25/25-6
2011			03362541375
zekeran	Son	100%	11
	i i		
	In case of death o	of first choice) – 2 nd Option	
Name of Nominee/		T	*
Nominees .	Relationship	Specification of Share	Contact Number
		2 1	
		1	
M. Faroog	Brother	100%	7227 01 50
	1		0332-9105052
I hereby certified that the above	re noted mambau	-) - (
I hereby certified that the above me.	e noted member	s) of my family mentioned	are wholly dependent upon
The			
The earlier nomination made	by me (if any) ma	y kindly be treated as cand	celled and of no effect
· · · · · · · · · · · · · · · · · · ·			
DATED:	\$	SIGNATURE OR TH	HUMB IMPRESSION OF

THE EMPLOYEE