

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

Form of Nomination for Death Insurance for CTC

I muhammad Sajid s/d/w/o AKbay bearing CNIC # 3 20/-88 58 174:3 working as			
I muhammad	Saild s	/d/w/o aul	- Lilpioyees
CNIC# 12m1-20	2012	TRACE	Khan bearing
nominate the person/ ne	ercone monti	- Working as	HW hereby
beneficiary(ies) to receive the	re death insurance	below who is/ are m	ember(s) of my family as
beneficiary(ies) to receive the	V .	amount (sum assured) in	the event of my death.
	(1	First choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	*	-Formed to it of Share	Contact Number
M. Ax: P	Brother		
M.Arif	1 Section	100 %	0332 9261 194
			100079
	7		
	(in case of death o	of first choice) - 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Combatal
Nominees			Contact Number
Akbar khap	Father	100 %	38/136
			(30/130)
hereby certified that the above.	ve noted member(s) of my family montioned	1 77
ie.		of any running intermoned	are wholly dependent upon
he earlier nomination made	hy me (if any)	-1: 17 7	*
he earlier nomination made	by me (many) ma	y kindly be treated as canc	elled and of no effect
		SIGNATURE OF THE	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
6/9/024	Ca.		
	d .		0