

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

Form of N	Nomination for D	eath Insurance for CT	
I Saceda	7774	Thought ance for CI	CEmployees
CNIC # 17301.	S/	d/w/o_Habit	bearing bearing
CNIC # 1730/41 nominate the person/ p	66+86-0	_ working as	HIU
beneficiary(ies) to receive t	ersons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive t	ne death insurance	amount (sum assured) in	the event of my death.
		irst choice)	
Name of Nominee/	- (r 1 lit)		
Nominees	Relationship	Specification of Share	Contact Number
Masya	Hobib	100%	Nield
		1.0	Hall
	(In case of death		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(mi case of death o	f first choice) – 2 nd Option	1
Name of Nominee/	Relationship	Specification of Share	Contact Number
- Conditiees	THE STATE OF THE S		- Samuel Indiliber
ns ns			
A Rabio	SUFER	6/000/0	Nil
I hereby certified that the abo	ve noted member(s	s) of my family	I are wholly dependent upon
me.		of my failury mentioned	are wholly dependent upon
The earlier nomination made	hy me (if any)	1	
The earlier nomination made	oy me (n any) may	y kindly be treated as can	icelled and of no effect
		4 A	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
DATED:		THE	EMPLOYEE
3. 9. 24		Saeea	
		Jacea	ce .