

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

Form of	Nomination for I	Dooth T	
T 1 1 1 T 1		Death Insurance for CTO	Employees
- D fun		10/2010	11.1
I Asia Istan  CNIC #17301_503  nominate the person/	A	14/W/O Sa par	Shqh bearing
	10 30 0 0		0
nominate the person/ p	persons mentioned	helow who is	hereby hember(s) of my family as
beneficiary(ies) to receive	he death insurance	amount (-	nember(s) of my family as
beneficiary(ies) to receive		amount (sum assured) in	the event of my death.
		First choice)	
Name of Nominee/	24 4 30 1	anoice)	
Nominees	Relationship	Specification of Share	Controlly
- Statices	110		Contact Number
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Sabour Shah	11.1		
3004 3/14/1	Hus band	100 %	0212 00 110 0112
			0313 98 49 242
	18 115		
	7		
	(in case of death o	of first choice) - 2nd Option	
Name of Nominee/		7	
Nominees	Relationship	Specification of Share	Contact Number
01	TR 18:		
Ahmad	(00	100%	
	3011	1001	NIL
		//	
I hereby certified that the abo	Tienday 1		
me.	vertoted member(	s) of my family mentioned a	are wholly dependent upon
			, operacit apoll
The earlier nomination made	by me (if any)	-1.1. 11 -1	
The earlier nomination made	of me (in arry) ma	y kindly be treated as canc	elled and of no effect
DATED:		SIGNATURE OR TH	TIME IMPRESSION OF
DATED:	ATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
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