

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

Form of N	Nomination for D	eath Insurance for CTC	
I Haleema		cath Hisurance for CTC	Employees
CNIC # 17301 (214 %	Za u	d/w/o Anwar	Shah bearing
nominate the person!		working as	#17
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	11 6	7	the event of my death.
Name of Nominee/	15 5 443	rst choice)	
Nominees Nominee/	Relationship	Specification of Share	Contact Number
		The State of the S	131253(211)
Anwarshah	Father	100%	
		70070	0312582571
	K L	0.1	Li
(In case of death of the			
(In case of death of first choice) – 2nd Option Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			· · · · · · · · · · · · · · · · · · ·
Sumbal			
Julia	Sister	100%	33394185-84
I hereby certified that the above			100009
I hereby certified that the abov me.	e noted member(s)	of my family mentioned as	re wholly dependent upon
The earlier nomination made I		*	· · · · · · · · · · · · · · · · · · ·
The earlier nomination made l	by me (if any) may	kindly be treated as cance	lled and of no effect
DATED:		SIGNATURE OR THE	IMP IMPREGATOR
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			PLOYEE
Halpoma)			
0.84			
		3-4.0	1