

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

Form of N	omination for D	eath Insurance for CTC	T 1
ISomig		Larance 101 C1C	Employees
	S/	d/w/o m- Adnas) hoari
CNIC # 17301-9111 nominate the person/ pe	DAM A		· Curing
nominate the person/ pe	ersons mentioned	below with the	hereby
beneficiary(ies) to receive the	e death insurance	amount (hereby hereby as
beneficiary(ies) to receive the		amount (sum assured) in t	he event of my death.
	(F.	irst choice)	
Name of Nominee/	74 2 EE1 ;		
Nominees	Relationship	Specification of Share	Contact Number
	11011		TARRET TARTEDEL
m-Adnan	1-Just band	A Access	
	THIS DOING	100%	966594280232
	h wh		
	In case of death of	first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
	g : p		
Jasleem Khan	ELHA		
A LIGY)	Father	100%	3139238935
,			
hereby certified that the above	e noted member(s	of my family mant	
hereby certified that the above ne.		or my rammy mentioned a	re wholly dependent upon
The earlier nomination made	by me (if any) may	kindly be treated as cance	lled and of no offers
			ned and of no effect
	11 15 15 15 15 15 15 15 15 15 15 15 15 1		
D 4		SIGNATIDE OF THE	
DATED:		THE EN	JMB IMPRESSION OF
2 9-0 01		, IIIB EIV	PLOYEE
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