

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

Form of	Nomination for T	Joseph T		
I Rittel BiBi		Death Insurance for CT	CEmployees	
TO HE BIBI	S	/d/w/o Bacha		
CNIC # 17301 - 0851	104	my Daina	bearing	
nominate the	240-9	_working as AHIA	J	
heneficiant/i	persons mentioned	below who is/	hereby hereby the event of my family as	
belieficiary(les) to receive	the death insurance	amount (sum	nember(s) of my family as	
beneficiary(ies) to receive		in assured) in	the event of my death.	
	(F	irst choice)		
Name of Nominee/	a" Salis			
Nominees	Relationship	Specification of Share	Contact Number	
- 21			Contact Number	
Khan				
Bacha	Husband			
	The state of the s	100%	0313-4565058	
	100		4303038	
	- E - E			
	(In case of death of	final al		
Name of N.	il ili is according	first choice) - 2 nd Option		
Name of Nominee/ Nominees	Relationship	Specification of Share		
Nominees		- F destication of Snare	Contact Number	
	The share of the s			
Balal				
300	150D	100%		
	1 181		NIL	
I hereby certified that it				
I hereby certified that the abo	ve noted member(s)	of my family mentioned		
		y y zicarmoneu	are wholly dependent upon	
The earlier nomination made	h OC			
	by me (if any) may	kindly be treated as canc	elled and of no offert	
A at			or no enect	
		*		
DATED:		SIGNATURE OF THE		
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
3-9-24		TUEEN	APLOYEE	
2101		D.		
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			20	
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