

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

Form of No	omination for D	eath Insurance fo	r CTC E	mplovees	
IALia	s, <u>اطاط</u>	/d/w/o	Ihsan	Welch	hearin
CNIC # 17301-5)6	6524-4	Tirowlain -	011		Dearmig
nominate the person/ per	rsons mentioned	_ working as	C.H.	.00	hereb
nominate the person/ perbeneficiary(ies) to receive the	e death incurred	below who is/	are mem	ber(s) of my	family a
beneficiary(ies) to receive th	e death hisurance	amount (sum assur	ed) in the	event of my de	eath.
	(F	irst choice)			
Name of Nominee/	Relationship	Specification of	Share	Contact Nu	ımhou
Nominees			J. Lare	Contact IVE	miber
	li k	i i			
Thean Ullah	עש	12			
Insan Ullah	نبط	100 %		0311955	8.520
		``			
(	In case of death o	of first choice) – 2 <sup>nd</sup> C	Intion		
		2 11100 0110100) - 2 - 0	phion		
Name of Nominee/	Relationship	Specification of Sh	are	Contact Nun	her
Nominees	l l				1001
	11				
	עש		+		
Shaheen bibi	C,	100 %		03321663	2028
				200	
I hereby certified that the abov	re noted member	a) of my formily		*	
I hereby certified that the aboume.	c noted member(	s) of my family men	noned are	wholly depend	lent upon
The earlier nomination made	by me (if any) ma	v kindly be treated :	as cancell	ed and of no off	a a t
		jj created	as caricein	ed and of no en	ect
		CICALATINA	000000000000000000000000000000000000000		
DATED:			OR THUI THE EMP	MB IMPRESSIC	N OF
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