

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

Form of Nomination for Death Insurance for CTC Employ

| A VECUA | | | |
|--|---|---|-----------------------------------|
| I AYESHA MEER S/d/w/o MEER AFZ AL | | | |
| | | | |
| beneficiary(ies) to receive the death insurance are the member (s) of my family as | | | |
| death. | | | |
| | | | |
| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
| Shamim | Moder | 3 la Kh | Nil |
| Bilal Afzal | Brother | 2 lakh | 03159682120 |
| 0 313 10 82 120 | | | |
| | | | |
| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
| Mugaddas | Sister | 5 Lakh | 3184929618 |
| 03189 12 (618 | | | |
| I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. | | | |
| The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect | | | |
| | 1 | y or areased as carle | ened and of no effect |
| | y H | y or weaten as carle | ened and of no effect |
| DATED: | | SIGNATURE OR TH | UMB IMPRESSION OF MPLOYEE |
| | CNIC # 17301-0507 nominate the person/ perbeneficiary(ies) to receive the Name of Nominee/ Nominees Shamim Bilal Afzal Name of Nominee/ Nominees Mugaddas hereby certified that the above ite. | CNIC # 17301-0507332-0 nominate the person/ persons mentioned beneficiary(ies) to receive the death insurance (Final Name of Nominee/ Nominees Shamim Moder Bilal Afzal Brother (In case of death of Nominees) Name of Nominee/ Relationship Name of Nominee/ Relationship Name of Nominee/ Relationship Nominees Muggaddas Sister thereby certified that the above noted member (see.) | CNIC # 17301-0507332-0 working as |