

[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	Francos
I Sadia			Lanpioyees
0-16114	s/	d/w/o_Zakix	ullah bearing
CNIC # 17301 6	7112256		THW hereby
nominate the person/ p	erconc montion 1	_ working as	HW hereby
beneficiary(ies) to receive to	ne death insurance	amount (sum assured) in	the event of my death.
		irst choice)	9
	(1)	ust choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		T	Contact Number
	i a		
2 11:4 M			1
Lakibullah	Hu-8 band	200%	03161233455
			0018 1200 900
Zakiðullah M. Usman	Son	100%	
	7		
•	(In case of death of	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of CI	
Nominees	relationship	Specification of Share	Contact Number
			031/10221155
			03161233455
M. Usman	Sam	1 M	
1. 1. Woman	Son	100 %	4.
	li +		
I hereby certified that the abo	ove noted member(s	s) of my family mentioned	are wholly dependent upon
me.	0.2	of any failing inclinioned	are whony dependent upon
The earlier nomination mad	e by me (if any) ma	y kindly be treated as can	celled and of no effect
		CICNIATTIDE OD TI	III IN AD IN ADDECCION OF
DATED:			HUMB IMPRESSION OF IMPLOYEE
	24		
Sadia 28-8-	21		dia