

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

Form of	Nomination for I	Death Insurante Comp	
I_ Shabana		Death Insurance for CTC	Employees
	S	/d/w/o Aman-u	0.000
CNIC # 17301 0940	201		
nominate the person/	persons montion	_ working as	hereby
beneficiary(ies) to receive	the death incurrent	below who is/ are m	hereby ember(s) of my family as
	are account hisurance	i below who is/ are me amount (sum assured) in	the event of my death.
		First choice)	
Name of Nominee/	(2) P.SPC 2		
Nominees	Relationship	Specification of Share	Contact Number
Jamela	Mothes	100%	0306-5953351
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10000
	18		
	(In case of death o	of first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Jamesla	Mother	100%	12/5050
			03065953351
I hereby certified that the ab	ove noted member/	0) 06 6 17	
I hereby certified that the ab me.	- oxioted member(	s) of my family mentioned a	are wholly dependent upon
The earlier nomination mad	H 500		
		y makery be treated as cance	elled and of no effect
,			
		SIGNATURE OF THE	II (D D (DDDDD
DATED:		THE EN	UMB IMPRESSION OF IPLOYEE
4/09/024		Shaker	0
		5/0 271	7