

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

Form of	Nomination for I	Death Insurance for CT	C.F. 1
I_Nasing		W 1/1	CEmployees  U Muhammad bearing  CHW hereby
CNIC " 17201 15	115.00	s/d/w/o_nayo	U Muhammad bearing
CIVIC # 1/301-11	4/198-0	working as	CHILD
henoficiandia	persons mentioned	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive	the death insurance	e amount (sum assured) in	the event of my family as
			the event of my death.
None of N		First choice)	
Name of Nominee/	Relationship	Specification of Share	Combact NY
Nonlinees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Contact Number
Zanshada	Math	,	
	Mother	100 %	0315 9802021
	7		
*	(in case of death o	of first choice) - 2nd Option	1
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
Zarshada		,	
zershada	Mothes	100 %	0815 9802021
hereby certified that the ab	ove noted member	c) of my ( 1)	
ne.	The Interior	s) of my family mentioned	are wholly dependent upon
	4 361 30		
he earlier nomination mad	e by me (if any) ma	y kindly be treated as can	celled and of no effect
			or no criect
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
		THE EMPLOYEE	
4- 9. 24			
	1 28 1		