

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

Form of N	omination for T	eath Image	
I Zubaed		eath Insurance for CT	C Employees
I_ Lubaed CNIC # 17301-05151	S	d/w/o Metalas	n Shah
CNIC # 17301-05151	1025	7712201	bearing
nominate the person/ per	reone	_ working as	Harahar
beneficiary(ies) to receive the	e death incurred	below who is/ are	hereby member(s) of my family as
beneficiary(ies) to receive the	- accult Hisurance	amount (sum assured) is	n the event of my death.
		irst choice)	
Name of Nominee/	0		
Nominees	Relationship	Specification of Share	Contact Number
1// 1 1 1	611 /		
Mehraban Shah	Icher	100%	21.071.110
	Arriva .	100/5	03109740169
	H +-0		
, (1	n case of death o	first choice) – 2 nd Option	
Name of Nominee/		Inst choice) - 2nd Option	
Nominees Nominee/	Relationship	Specification of Share	Contact Number
- tondices			Comact Number
1111 11 1	77.0		
14 chaban Shah	roll of	1	
SAMI) SAMI)	reaper	100%	03/09740/169
I haveby vici vic			
I hereby certified that the above me.	noted member(s	of my family mentioned	are wholly done
	17 1347		
The earlier nomination made b	v me (if any) may	1.1. 11 1	
) are (in arry) may	kindly be treated as can	celled and of no effect
DATED: SIGNATURE OR THUMB IMPRESSION OF			HUMB IMPRESSION OF
1. 10/01. THE EMPLOYEE			MPLOYEE
411124		Zuboir	19 - 22
			WH.