

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

Form of	Nomination for L	eath Insurance for CT	C.E. I
I_ Saira		The mountaine for CI	CEmployees
1 sura	S,	/d/w/o_Guls	had
CNIC# 17361-50	4951A /		bearing
CNIC # 17361-52	77310-6	_ working asC	HW hereby
beneficiary(jes) to receive	the death	below who is/ are a	member(s) of my family as
beneficiary(ies) to receive	the death insurance	amount (sum assured) ir	the event of my death.
	11 125	First choice)	
Name of No.	D A.B.I.	and choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
rvoiturees			Joinact I vuiliber
	T et :		
Sabor Zari	Mothes	A .	
70000	Moches	100%	0326.5761661
	t it is		
	(In case of death o	f first choice) - 2 nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
	The state of the s		
Sahar Zati	Mother	100%	
7000	Tromes	T00 46	0326-5761661
T1 1			
I nereby certified that the ab	ove noted member(s) of my family mentioned	l are wholly dependent upon
me.			the witchy dependent upon
The earlier nomination made	le by me (if)		
The earlier nomination mad	ie by me (ii any) ma	y kindly be treated as can	celled and of no effect
1 × 1			
DATED:			HUMB IMPRESSION OF
THE EMPLOYEE			EMPLOYEE
410412024			
		Jan	