

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

Form of N	lomination for I	Death Insurance for CTC	
I_ Rida		such modulatice for CT(Employees
NIAA	s	/d/w/o_ Muin	hid Shab bearing Hw hereby
CNIC # 17301-764	18877-8	Translation of the state of the	Dearing
nominate the person/ pe	ersons mentioned	_ Working as	Hu) hereby
beneficiary(ies) to receive the	re death incurren	below who is/ are m	hereby nember(s) of my family as
beneficiary(ies) to receive the	te death hisurance	amount (sum assured) in	the event of my death.
		First choice)	
Name of Nominee/		- Choice)	
Nominees	Relationship	Specification of Share	Contact Number
Tronmiees			Contact Number
1			
mujahid Shah	Call.		0 - 1 - 1
WJUTHO SHAN	Father	100	03009036576
			0.076
	(In case of death o	of first choice) - 2nd Option	
		Choice) - 2 Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nonmees			Contact Number
	N-40/		
Tasileem	mother		
- lasutem_	106	100	
I hereby certified that the above	re noted mamban	-\ -(4
I hereby certified that the above me.	choted member(s) of my family mentioned a	are wholly dependent upon
The earlier nomination made	by me (if any) ma	v kindly be treated as	** *
	, , , , , , , , , , , , , , , , , , , ,	y mindry be treated as canci	elled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
00 10 1011	THE EMPLOYEE		
24 8 124		$\Omega^{\circ}_{i}\lambda$	
-	KIDW		