

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

Form of I	Nomination for I	Death Insurance for CTC	T
I Sonia Na	2	141-1 Ot 1	Employees
CNIC # 17261 8	2/2000	talwo Sheh naw	bearing
" _ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The Colonial		
beneficiary(ies) to receive t	he death insurance	d below who is/ are m	hereby nember(s) of my family as
	alourance.	amount (sum assured) in	the event of my death.
		First choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact
Nonunees		- Start	Contact Number
0.			
Shah naunz Mudasix	Husbind	180 %	0212929226/
Mudacin	Son	90%	03132929956
7 14410/18	Son	40%	
	(In case of death o	of first choice) - 2nd Option	
Name of Nominee/	Relationship	Specification of Share	C
Nominees		of orlare	Contact Number
1			
Axsglan	C.	bo of	
	Joh	100 %	
I hereby certified that the above	ve noted member/	2) 06 6	
I hereby certified that the aboume.	inchiber(s) of thy family mentioned a	ire wholly dependent upon
The earlier nomination made	by mo (if any)		
The earlier nomination made	by file (if any) ma	y kindly be treated as cance	elled and of no effect
DATER		SIGNATURE OF THE	IIMP IN ADDRESS.
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
22-8-84		01	