

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

Form of M	Nomination for 1	Death Insurance for CT	CEmple
I Nyzhad	Zab .	old/w/o Ham	Limployees
CNIC # 173m1 102	0/00-	raywo Ham	bearing bearing
CNIC # 17301-123	9098-2	working as	w horehou
beneficiary(ies) to receive the	he death insurance	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	actur Hisurance	e amount (sum assured) is	n the event of my death.
		First choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opechication of Share	Contact Number
11 1 1 1 1			
Hamid Altaf	Husband	50%	22-121/
linta Hanil	D 11	507.	03349167433
Linta Hamid	Doughter	50%	03169847889
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		-F statement of Share	Contact Number
+			
Jamnat Bibi	Doughter	lany	
	bugnes 1	100%	03169847889
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	crioted member(s	s) of my family mentioned	are wholly dependent upon
The earlier nomination made	b		
The earlier nomination made	by me (if any) may	kindly be treated as cand	celled and of no effect
DATER		SIGNATURE OF TH	II I) (D D CO
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
22-9-24			