

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

Form of N	Nomination for I	Death Incuraries Com		
I_ Fozia		Death Insurance for CT	Employees  Dearing	
CNIC " 172-1	S	/d/w/o	(1/2 de hearing	
CNIC # 17301-20 nominate the person/ p	22291.2	Working as	Cult	
honoficial (in person) p	ersons mentioned	below who is/ are	hereby	
beneficiary(ies) to receive the	ne death insurance	amount (sum assured) :-	hereby hereby hereby as	
		( abbured) III	the event of my death.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		opechication of Share	Contact Number	
(.11= / Le	سنه به			
Oli Ste	13	50%	0315.9500931	
Le b.uli	16	50%	10001	
	CID,	20%	0318-2665300	
	(In case of death of	f first choice) - 2nd Option		
Name of Nominee/	Relationship			
Nominees	Relationship	Specification of Share	Contact Number	
1 1/2 1				
61.5.19	Lu.	1007	2. 01-	
		10010	310.9682742	
I hereby certified that the above	e noted 1			
I hereby certified that the above me.	e noted member(s	) of my family mentioned a	re wholly dependent upon	
The earlier nomination made	by me (if any) may	kindly be treated as cance	alled and of (	
		, and do carre	ened and of no effect	
DATED:		SIGNATURE OR THE	IMR IMPRECIONS	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
22.8.24		Fan 1		
		10311	(	