

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

Form of I	Nomination for D	Death Insurance for CTC	E1	
I_Saim	a Ning	ili ali a	Employees Muhmmag bearing	
CNIC # 172-1 101 10	7 - 0	/d/w/o_NIQZ	My hmme bearing	
nominate the	150	_ working as	HW hereby	
beneficiary(ies) to reasi	ersons mentioned	below who is/ are me	hereby ember(s) of my family as	
beneficiary(ies) to receive to	ne death insurance	amount (sum assured) in t	he event of my death	
		irst choice)	acuui.	
Name of Nominee/	* * * * * * * * * * * * * * * * * * * *			
Nominees	Relationship	Specification of Share	Contact Number	
21.	1 1 1	, ,		
240	Nephw	10 %.	0345-9188531	
			1/80)	
	(7-			
	(in case of death of	f first choice) - 2 nd Option		
Name of Nominee/	Relationship	Specification of Share	Combataz	
Nominees		1 State	Contact Number	
Dua	Nophw	10001		
1941	TYCP NW V	0	345-9188531	
I hereby certified that the al-				
I hereby certified that the above me.	e noted member (s) of my family mentioned ar	e wholly dependent upon	
The earlier nomination made	by me (if any) may	kindly be treated as cancel	led and of no effect	
			The representation	
DATED: SIGNATURE OR THUMB IMPRESSION OF			IMB IMPRESSION OF	
22- /22/201		THE EMPLOYEE		
100/2014		- (Salgn)	5	
		1.		