

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

| Form of N | omination for D | eath Insurance for CT | |
|---|---------------------|--|---------------------------|
| I Muhammed J | 1 | outil Hisurance for CT | CEmployees |
| - Junommad J. | tussein s/ | d/w/o_rocemia | hard- |
| CNIC # <u>2/20/-5756</u> nominate the person/ po | 540-9 | 1. | bearing |
| nominate the person/ pe | rsons montioned | _ Working as | hereb |
| beneficiary(ies) to receive th | e death incurance | below who is/ are r | nember(s) of my family a |
| beneficiary(ies) to receive th | e dedut hisurance | amount (sum assured) ir | the event of my death. |
| | | irst choice) | |
| Name of Nominee/ | D-1-1: 1: | | |
| Nominees | Relationship | Specification of Share | Contact Number |
| | | | |
| | : | | |
| Khadem Hussain | Bie Thes | 100 1/ | |
| /1 /3 | - John Marie | 100 % | 0325 7022 925 |
| Khadum Huggain Noosmis | & Fullies | 100% | 03259022925 |
| (CZ) (CZ/Z) | | | |
| (In case of death of first choice) – 2 nd Option | | | |
| | in case of death of | f first choice) – 2 nd Option | 1 |
| Name of Nominee/ | Relationship | Specification of Share | Control N. 1 |
| Nominees | | of semendon of Share | Contact Number |
| | | | |
| | | | |
| | | | |
| | | | |
| I hereby certified that the above | re noted member | 0) 06 (:1 | |
| I hereby certified that the aboume. | c noted member (s | s) of my family mentioned | are wholly dependent upon |
| | 11 | | |
| The earlier nomination made | by me (if any) ma | y kindly be treated as car | icelled and of no effect |
| | 1, | | |
| • | * | | |
| | \$ | SIGNATUREORT | HUMB IMPRESSION OF |
| DATED: | j E. | | EMPLOYEE |
| × 18/024 | 1 | | A |
|)/1/24 | 8 | CA . | - 11 |