

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

Form (2)			
form of N	omination for D	eath Insurance for CT	CEmployees
I Aslam Bay	8	d/w/o Tay Ali	101-10
CNIC # 242 co. 42 Day	7	arwio 10 tag CAG	bearing
beneficiary(jes) to receive the	ersons mentioned	below who is/ are r	nember(s) of my family as
beneficiary(ies) to receive the	ie death insurance	amount (sum assured) ir	the event of my death.
	11 - 11	rst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nonlinees		¥ 11	Contact Number
Toy Ali Ilhan	Faller	750/	~ 2 ~ 201 11
Khen AKbar		10	0302-888/44
Ichen Alber	Brother	25%	0332-5352897
		70	10(32-35)2897
	(In case of death of	f first choice) Ord O	*
(In case of death of first choice) – 2 nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
		4	
	390		
Khan Alebar	Brother	(00%)	
1 ,1		(0)/0	0302-88861 44.
I hereby certified that the abo			8
me.	ve noted member (s	s) of my family mentioned	d are wholly dependent upon
	11 1011	, and	
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ocelled and of the comme
		, and any con	icelied and of no effect
			* 3
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
		, THE	EMPLOYEE
0h-09-2001			