

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

TPAINING & CONSULTING			
	[Insu	PTPP - Recruitment & Selection	011 – 7.8.5-c-061]
		rance Nomination form– June	2024]
8			)
Form o	of Nomination for De	eath Insurance for CTC	~U1
I Khalid Is	han	d/w/o Sahih So	- Employees
CNIC # 21202-50 nominate the person/	persons mari	working asAS	
beneficiary(ies) to receiv	re the death insurance	below who is/ are m amount (sum assured) in	hereby hereby the export of my family as
		amount (sum assured) in	the event of my death.
	(Fi	rst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	
ronmiees		i or or or or are	Contact Number
Tab 1 14			
Fahad kh	un Brother	100%	m2m1 22154
	30.000		0301 8843601
	(In case of death of	first choice) - 2nd Option	*
Name of Nominee/	I I D 'T		
Nominees		Specification of Share	Contact Number
			·
hereby certified that the	harra		
me.	noted member(s)	of my family mentioned a	are wholly dependent upon
The earlier		, , , , , , , , , , , , , , , , , , ,	seperacit apon
The earlier nomination ma	ade by me (if any) may	kindly be treated as canci	elled and at
v .		· Carlo	ened and of no effect
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
19/09/2014		THE EN	APLOYEE
101/214	1. A.	Khael	
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