

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

Form of N	Nomination for I	Death Insurance for CTC	
I_Razia		cath Histirance for CT(	Employees
CNIC # \7301-019		/d/w/o_ Hazva	
nominate the person/ pe	ersons mentioned	_ working asA	hereby
beneficiary(ies) to receive the	ne death insurance	below who is/ are m	hereby hereby as
		amount (sum assured) in	the event of my death.
	(1	First choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opechication of Share	Contact Number
2ubaida BiRi	Mall	- Fad	
	Mother	50%	0308-8507429
Shaguita	Sister	50%	0314-98 12057
			10 17 10 17 10 1
	(In case of death o	of first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
	# # # # # # # # # # # # # # # # # # #		
Shaguita	Sister	100%	2011 0012 50
		(00)	0314-9812057
hereby certified that the above ne.	ve noted member(	s) of my family mantia.	
ne.		o) of my failury mentioned	are wholly dependent upon
The earlier nomination made	by man (if		
The earlier nomination made	by file (if any) ma	y kindly be treated as canc	elled and of no effect
	l .	CYCNIATION	
DATED:			IUMB IMPRESSION OF MPLOYEE
41010-21	1	21112 51	VII LOTEE
4/3/2024	* 1		4