

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

Form of	Nomination for D	Death Insurance for CT	C.F.
I Rakhshanda CNIC # 17301-30	Abid s	/d/w/o //	C Employees
CNIC # 17301 3	and the	- NOID	Add bearing
	/// 1 1 1 - /1	7 .	
beneficiary(ies) to ressin	persons mentioned	l below who is/ are i	nember(s) of my family as
beneficiary(ies) to receive	the death insurance	e amount (sum assured) ir	the event of my death
	2	First choice)	
Name of Name		aut choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
	1 1		
Abid Ali	Husband	7 0/	
Wayas Adi		70 %	03018855811
Wagyas Ali	Son	50%	27-0804-11
			03098843/0/
	(In case of death a	of Circle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(In case of death o	of first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I vanilber
11.1			
Abid Ali	Husband	100%	030/8855811
I hereby certified that the al	bove noted member((s) of my family mentioned	d are wholly dependent upon
me.			and writing dependent apoil
The earlier nomination ma	do by (:6)	1	
The earlier nomination ma	de by me (ir any) ma	ay kindly be treated as car	ncelled and of no effect
	44-410 T		
	1		
DATED:	ED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
		THE	EMILOTEE
419/024		'KA	Dh.