

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

Form of	f Nomination for I	Doneth T-		
I Fozia		Death Insurance for C	TC Employees	
1 0214	S S	1d/w/0 /	2	
CNIC # V7301-44	17/9/00	ROTTY	bearing	
nominate the person/	170009-8	_ working as C	HW	
beneficiary(ies) to receive	persons mentioned	d below who is/ are	member(s) of my family as	
(ies) to receive	e the death insurance	amount (sum assured)	member(s) of my family as in the event of my death.	
			or cite of my death.	
NT- CAT		First choice)		
Name of Nominee/	Relationship	Specification of Sha		
Nominees		operation of Sna	re Contact Number	
Kamyan				
examinan	Hushand	100 %.	031500 5 332 12	
		1	03159877367	
	(In case of death	60		
7	(All case of death o	of first choice) - 2nd Opti	on .	
Name of Nominee/	Relationship	ip Specification of Share Contact Number		
Nominees		opecation of Share	Contact Number	
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Ayan	San	100 %		
		100	0331 1164722	
I hereby certified that the a	borranatad		ν.	
me.	bove floted member (s) of my family mention	ed are wholly dependent upon	
The earlier nomination ma	de by me (if any) ma	v kindly ho troots a		
		y knowly be treated as co	ancelled and of no effect	
		,		
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
	1 (2)	THE	EEMPLOYEE	
		EAT	130	
		10%	100	
		1 . 5		
		70		
	i Kibiti	n (4		
			: ' TIL .''	