

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

## Form

| Артік Анмар  | Name of Nominee/<br>Nominees | I Sidka Mia3 s/d/w/o Sheek Mia3 A/ Sheek CNIC # 1730/- 1997 8.3 7-2 working as nominate the person/ persons mentioned below who is/ are member(s) of my fam beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.  (First choice)   |
|--------------|------------------------------|--|
| HUSBAND      | Relationship                 | s/<br>3.3.7-2<br>ersons mentioned<br>he death insurance (Fi  |
| 100 %        | Specification of Share       | 2 Ning State Insurance for CTC Employees 2 Ning State N |
| 0349-7295253 | Contact Number               | I Sight Niggs s/d/w/o Sheet Insurance for CTC Employees  CNIC # 1730/- 1997 8.3 7-2 working as hereby beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.  (First choice)   |

## (In case of death of first choice) - 2nd Option

| YASMEEN      | Name of Nominee/<br>Nominees |
|--------------|------------------------------|
| MOTHER       | Relationship                 |
| 100 %        | Specification of Share       |
| 0313-9159136 | Contact Number               |

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE