

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

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Form o	f Nomination Com		
- Marie O	. Nonlination for D	eath Insurance for CTC I	Employees
I KHAN DAAD	St	d/w/o ZERAB. GUL	Proyecs
CNIC # 21201, 120		4, 110 ZERITO. GUL	Uc. Losamana hereby
nominate the	2394-1	working as C.H.1.1	lie I marin
henoficiant henoficiant	persons mentioned	below who is/ are many	hereby
beneficiary (les) to receiv	e the death insurance	amount (sum accurad):	Dc.Loxamana hereby mber(s) of my family as
		below who is/ are men amount (sum assured) in th	e event of my death.
	(F	irst choice)	
Name of Nominee/	(0 : 20)	,	
Nominees	Relationship	Specification of Share	Combath
			Contact Number
Said Rakja			
Jakia Laksa	wite	100%	0 / 0
			05060307296
	# HE		, , ,
	(T		**
,	(in case of death of	first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			·
	# : B1	· · · · · · · · · · · · · · · · · · ·	
ZERAB GUL	4		
ZORFID GUL	Falher	100 %. AS	33-6191324
		U ₀	
I hereby certified that the	horra) of my family mentioned ar	
me.	bove noted member(s) of my family mentioned ar	e wholly donor I
			a mony dependent upon
The earlier nomination ma	de by ma (ic		
	may	kindly be treated as cancel	led and of no offer
			and of the effect
·			
D A TIPE		CICNIA TITE TO THE	*
DATED:		SIGNATURE OR THUMB IMPRESSION OF	

THE EMPLOYEE