

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

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Form of No	mination (- D			
2	miliation for D	eath Insurance for CT	CEmployees	
I SHAYAB TAJ		TOTO	1 10 5 000	
	s/	d/w/o///	KBAR	hoosina
CIVIC # 2/01-00 9 (464-4			
CNIC # 2102-8545 nominate the person/ per		working as C. He	W	hereby
nominate the person/ perbeneficiary(ies) to receive the	isons mentioned	below who is/ are :	member(s) of my fo	_ ricicoy
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	of the errorst of many is	ununy as
		, , , , , , , , , , , , , , , , , , , ,	a the event of my deat	n.
	(Fi	rst choice)		
Name of Nominee/	(1.12)	, ,		
Nominees	Relationship	Specification of Share	Contract	-
ronniees			Contact Nun	iber
		,		
TAJ AKBAR	0.			
THIS PARBLIK	Father	100%		
	ji 911 - 1	100%	0300587314	14
Fayab Taj	Brother	*		
3	bromer	100 %	03005823	971
			3023	011
	In case of death			
,	The case of death of	f first choice) - 2nd Optio	n ,	
Name of Nominee/	I Rolational:			
Nominees	Relationship	Specification of Share	Contact Numb	er
		*		
Fayab Taj	/,			
raguo ras	130/Ker	100%	. 0 . 1500 00	71
		1007	030058238	f) ·
I horology with the			3	
I hereby certified that the above me.	e noted member(s	of my family many		
me.		y or my raintry mentione	d are wholly depender	ntupon
	17 - 25,11			
The earlier nomination made	by me (if any) may	z leim dlanda en en		
The earlier nomination made	, (- wily) ma	xululy be treated as car	ncelled and of no effec	:t
*		•		# " #
D		SICNIA TITITION		3
DATED:		SIGNATUKE OR J	HUMB IMPRESSION	OF
-101-		THE	EMPLOYEE	
5/9/2024		Jan 1	4	
		Juny (15		
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