

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

			2024]
Form of I	Vomination C		
- 10 1	volumation for De	eath Insurance for CT	CEmployees
Willhammad Sa	Leen si	d/w/o	CEmployees Shah bearing
CNIC # 2 to 12	5/	ujwjo Anav &	bearing bearing
nominate the	364-9	working as C- L	dearing hereby
heneficiany/ica)	ersons mentioned	below who is/ are r	hereby nember(s) of my family as
beneficiary(ies) to receive	he death insurance	amount (sum assured) in	the exert of my family as
	(7)	, , , , , , , , , , , , , , , , , , , ,	the event or my death.
77	(Fi	rst choice)	
Name of Nominee/	Relationship	Specification - (C)	
Nominees		Specification of Share	Contact Number
		,	,
Anax Shah			
VIHAY Shan	Father	100%-	5746 AQUE (20)
Niem + St. 1	0.4		0314994571
THE STURE	Brother	woop	0345 9045 895
		1	103 03 1040 843
· · · · · · · · · · · · · · · · · · ·	(In case of death of	first choice) - 2nd Option	
Name of Nominee/		_ 2m Option	
Nominees	Relationship	Specification of Share	Contact Number
			· Contact Number
	8 10.		
Jameel Whom	0 11		
Shew Chen	Brother	100%	0313 92 86 549
Thomas		,	
i hereby certified that the abo	ove noted member(s)	of my family many	are wholly dependent upon
ine.		and mentioned	are wholly dependent upon
The earlier nomination mad	e by me (if any) may	kindly be treated as can	celled and of no offers
			and of no effect
*		*	*,
DATED:		SIGNATURE OR TH	HIMR IMPRECATOR
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
7/9/2024		1.	
, , , , , , , , , , , , , , , , , , , ,			