

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

Form of I	Nomination for Deal	th Insurance for CTC	Employees	
I Muhammad S	areer Shah s/d/	w/o Said Zeer	rat Shah	bearing
CNIC # 21202 - 849	337623	vorking on (1)	,	
are person,	LISUILS: Mentioned h	alorer richa :-/	4 4	hereby
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
		t choice)		
Name of Nominee/	Relationship	Specification of Share	Contact No	ımber
Sharyar	Brother	100%		0.0
		100/1	03005607	880
		1.7		
				•
,	(In case of death of fi	irst choice) – 2 nd Option		£
Name of Nominee/	Relationship S	Specification of Share	Contact Nur	7
Nominees			Contact Nur	nber
A . C	Brother in	1001		
Mstandayar	Ilaw	100%	306-8147	770
The 1				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
		ec *		
The earlier nomination mad	de by me (if any) may]	kindly be treated as can	celled and of no of	6
*. *		,532,	cented and of 110 el	rect
		¥		*.
DATED:	SIGNATURE OR THUMB IMPRESSION OF			
4/9/2011		I IIIE E	MPLOYEE	,
7 17 1027				
			:	