

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

Form o	of Nomination for			
1 Abdul	Asad	Death Insurance for CTC Td/w/o <u>Seena</u> (Employees	
CNIC # 2/203-66	676	jujwjo <u>seegia</u> (Searing bearing	
nominate the person/	nersons mari	working as CHU	herehy	
beneficiary(ies) to receiv	re the death incurrence	d below who is/ are m	hereby ember(s) of my family as	
	- Isuail	d below who is/ are me amount (sum assured) in	the event of my death.	
Name of Nominee/	(First choice)		
Nominees Nominee/	Relationship	Specification of Share	Combana	
	A Carlos		Contact Number	
Seena Gul	Fathor	For Insurance	1292 0701 705	
Asia	10.20	01000000	-33k 9309 765	
	Tourse	212039541059-0	112	
	(In case of death	of first choice) – 2 nd Option		
Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
0				
Seena Caul	Father	For Insurance C.	332 390 4365	
,		1 9	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I hereby certified that the	above noted momba	(-)		
me.	in in the most	(s) of my family mentioned a	are wholly dependent upon	
in the state of th	ade by me (if any) ma	ly kindly be treated as canc	elled and of no officer	
, .		may kindly be treated as cancelled and of no effect		
*				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
16 0 0%	THE EMPLOYEE			