

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

TRAINING Q CONSULTING	RO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]
Form of Nomination f	Or Dooth I
$1 \geq a hi \times (100)$	or Death Insurance for CTC Employees
CNIC # 212 02 0 811/10/	_s/d/w/o_AShyaf Khel bearing
CNIC # 21203 0 8 4 6 4 96- nominate the person/ persons mention	working as C-H()
beneficiary(ies) to receive the docth	working as hereby pened below who is/ are member(s) of my family as gance amount (sum assured) in the arrest of
insur	oned below who is/ are member(s) of my family as ance amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/ Relations	
Nominees	nip Specification of Share Contact Number
Ashraf Khel Father	4
Pulsail Dist	Insurance 0331 9952323
Tarail Droll	Insurance 0333 8261490
Established Annual Control	10322 8201 0 0
(In case of death of first choice) – 2nd Option	
Name of Nominee/ Relationsh	
Nominees	ip Specification of Share Contact Number
The state of the s	
I hereby certified that the all	
me.	ber(s) of my family mentioned are wholly dependent upon
The confin	and the second separation with the second separation of the second separation
The earlier nomination made by me (if any)	may kindly be treated as cancelled and of no effect
	and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF
9.9.004	THE EMPLOYEE