

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

Form of	Nomination for O	eath Insurance for CT	
- 01	Tromittation for De	eath Insurance for CT	CEmployees
Trodos	PING A	direct much L	1
CNIC # 21203 - 71 nominate the person/	0,15	u/w/oIIIusIITu	bearing bearing
horimate the person/	persons mentioned	below who is/	hereby
_		amount (sum assured) in	hereby nember(s) of my family as the event of my death.
Name of Nominee/	Relationship	0	
Nominees	i i i i i i i i i i i i i i i i i i i	Specification of Share	Contact Number
0		50 %	
fatima 97×an	Wife		10201 ag n/21/
Datan	Broins	50%	0301 8901314
0	Diolity	500	0301.8901314
			10301.0701314
			*.
	(in case of death of	first choice) - 2nd Option	1
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
1.			
tajar	Daughler		
	1 1 1 1	1087	0301-8901314
I hereby certified that the a	hove noted		•
me.	overloted member(s)	of my family mentioned	are wholly dependent upon
			dependent upon
The earlier nomination ma	de by me (if any)	7.	
The earlier nomination ma	may	kindly be treated as can	celled and of no effect
			7
*		1 1	
DATED:		SIGNATIDE	TI II CO
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			TUME IMPRESSION OF
10/9/2024		i	WIFLOYEE