

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

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Form of A	- II . III . II		
rount of I	voinination for D	eath Insurance for CT	Cor.
I Imran Khan		eath Insurance for CI	Cimployees
- I There		( ) ( )	. 2
CNIC # 2/203-25 nominate the person/ p	5/	u/w/o/kashe	hani
CIVIC # 2/205-20	57 X 96-1		
nominate the person!		working as C,	member(s) of my family as
honofisi (i	ersons mentioned	below who is/	hereby
belieficiary (les) to receive t	he death insurance	wito is/ are	member(s) of my family as
beneficiary(ies) to receive to	- Zioaranice	amount (sum assured) i	n the event of my death
			and of they deadl.
	(F:	irst choice)	
Name of Nominee/	The state of the s		
Nominees	Relationship	Specification of Share	
1 vonimiees		1 - Location of Share	Contact Number
			a)
2 1	1		
Rasheed	Lather		
		100%	0302-2551897
Calma			0022001047
Salma	Wife	100%	
	1,70	100%	0302-5513397
			0 10 00 13 0 / /
	(In case of death of	first choice) - 2nd Option	
	, acaut of	Tirst choice) - 2nd Option	n .
Name of Nominee/			
Nominees	Relationship	Specification of Share	Combanily
1000			Contact Number
			•
Avaled in	18 18.		
Axafat Khan	Brother	100%	
	D. T. T.	100 /0	0327-81107251
		4 - 针	0327-8497356
T 7	With the state of	, *	The second secon
I hereby certified that the abo	Ve noted 1	8 I	ac.
me.	realisted member(s	of my family mentioned	d are wholly dependent upon
		, , , , , , , , , , , , , , , , , , , ,	and wholly dependent upon
The earlier manie			
The earlier nomination made	by me (if any) may	lein di- 1	
~~ ~	, 12, 12, 11dy	killing be treated as car	icelled and of no offert
•			or no effect
*		· 4	
			-
DATED:		SIGNATIONE	TITIO
	1	XIIONE OR T.	HUMB IMPRESSION OF
9 /19/9 21			
1/07/2024			
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	- R 1387 4 144 14		
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