

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

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CONSULTING	[CTC - HRO -	PTPP - Recruitment & Selecti	
	[Insi	trance Nomination form– June	011 – 1.8.5-c-061] 2024)
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rorm of No	omination for D	eath Insurance for CTC	Employees
2000 1900	(111) c	Idlanda TIVV	11.00.
CNIC # 2120 3- 951	25226	201al-	Employees  HUSSain bearing  hereby
nominate the person/ nor	X	_ working as	( )-) · 1 a l hami
beneficiary(ies) to receive the	death insurance	below who is/ are m	nember(s) of my family as
		amount (sum assured) in	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		- Former of Share	Contact Number
Huma	Wife	50 %	
191 Yax	2.4.77	30 70	0344-2464518
20000	Brocher	25%	0301-5943946
			3/12/40
, (2	In case of death o	f first choice) – 2nd Option	
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
			• •
IZhax	Pana	2 - 4/	
	0071	25 %	0300-9033024
I hereby certified that it			
I hereby certified that the above me.	e noted member (s	s) of my family mentioned	are wholly donor do
T1			me miony dependent upon
The earlier nomination made b	y me (if any) ma	y kindly be treated as a	
, <u>.</u>		, se menteu as cano	relied and of no effect
			*
DATES		CICNIA TITE	
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF