

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

Form of Nomi	nation for D	eath Incress		
I <u>Jamsher</u> CNIC # 21203-2285/6		eath Insurance for C	TC Employees	
0	~ /	21-1		
CNIC # 21203-2285 /68 nominate the person/ person	7		vigaes.	bearing
nominate the person/ person beneficiary(ies) to receive the dea	S. morelie 1	working as	CHW	howal
beneficiary(ies) to receive the doc	mentioned	below who is/ are	member(s) of m	hereby
beneficiary(ies) to receive the dea	iui insurance	amount (sum assured)	in the event of my	doction as
	(Fi	rst choice)	and of fity	чеаці.
Name of Nominee/		ibt choice)		
Nominees	elationship	Specification of Sha	TA C	
			re Contact 1	Number
000			-	
Safida	Dife	Engl	1.0	
		50%	030771	80445
M. Yousaf	Son	50%		
11.2		00 /0	0307718	20445
A S	i. 2. 6.		,	
(In ca	se of death of	first choice) - 2nd Optio	,	8 2
I Name of Namina /				*
Nominees	lationship	Specification of Share	Contact Nu	ım hau
			·	under
Mu70 10 101				
Muzammil Khan	Son	10001	. 2 2 0	
		100%	03077180	445
I hereby cortification				
I hereby certified that the above not me.	ed member(s)	of my family monting		
		Justiny mentione	ed are wholly depen	ident upon
The earlier nomination made by me				
inde by me	(If any) may	kindly be treated as ca	ncelled and of	
			and of 110 6	ffect
		* 1		÷
DATED:		SIGNATIER OD	יו מו וודין	1
0 0 0		THE	THUMB IMPRESSION EMPLOYEE	ON OF
7-7-2024			TIVIT LOIEE	
11.00		Jan	En	