

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

Form of N	omination for	Death Insurance for CTC		
I Musscraft  CNIC # 17301-071  nominate the person		Manance for CTC	Employees	
CNIC# 17301-07/ nominate the person/ pe beneficiary(ies) to receive the	72171	NOOX !	Ali Shah bearing	
nominate the person/ pe	rsons mont	_ working as	14.111	
	e death insurance	d below who is/ are me e amount (sum assured) in t First choice)	ember(s) of my family a he event of my death.	
Name of Nominee/	Relationship			
Nominees		Specification of Share	Contact Number	
Nous 11- 1			Maria Land	
NOON Ali Shah	Husband	Halff	03109654462	
HibabBukhari	Dough	ex Halff	03109654462	
(	In case of death o	of first choice) – 2 <sup>nd</sup> Option		
Name of Nominee/	Relationship	Specification of Share		
Nominees		openication of Share	Contact Number	
	14			
	ఱ			
	id.			
hereby certified that the above e.	noted member(	s) of my family mentioned a	re wholly dependent upon	
	N I I I I I I I I I I I I I I I I I I I			
ne earlier nomination made b	y me (if any) ma	y kindly be treated as cance	elled and of no effect	
	1 1			
PATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
2-9-24		THE EN	ILLOAFE	
		- OA	-	
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