

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

F				
Form of	Nomination for I	Death Insurance for CTC	Fmployees	
I Syeda Ma	nyam	/1/ / /	Employees A ali shah bearing	
CNIC " 177	O	1/a/w/o Syed izho	& ali shah bearing	
CIVIC # 1 FS01-1991	3789	working as CH		
hominate the person/	persons mentioned	d below who is/ are m	hereby hereby ember(s) of my family as	
beneficiary(ies) to receive	the death insurance	d below who is/ are me amount (sum assured) in	the arrange of my family as	
			the event of my death.	
	(1	First choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share		
		- F - State of State	Contact Number	
			had the still to	
M. Hashir	0			
1-1-11001111	Son	100%	03419152286	
M.Hadi	Can			
	13011	100%	03419152286	
	(In case of death o	of first choice) - 2 nd Option		
Name of Nominee/	91 2001			
Nominees	Relationship	Specification of Share	Contact Number	
I hereby certified that the				
I hereby certified that the abome.	ove noted member (s) of my family mentioned a	re wholly dependent upon	
The earlier nomination mad	e by me (if any) ma	y kindly be treated as cance	allod and at	
		y and weaten us carles	ened and of no effect	
		SIGNATURE OF THE	IIMP IMPRECION OF	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
		* * * * * T T T T T T T T T T T T T T T	II LUIEE	