

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

	432		
rorm o	f Nomination for	Death Insurance for CT	C-EI
I Hana lab	lec	Death Insurance for CTC s/d/w/o Kligag working as code below who is/ are n	CEmployees
CNIC # 1284 2	20000	s/d/w/o Ish tag	hooring
nominate the	795599-8	working as	bearing
beneficiary(ice)	persons mentione	ed below who is/ are	hereby hereby
received to receive	e the death insurance	ed below who is/ are note amount (sum assured) in	hereby hereby as
		/	the event of my death.
Name of N.		(First choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	
ronmices		1 Share	Contact Number
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1	( secure)	fall	0314972840
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	(In case of 1		
	(In case of death o	of first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/		of first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/ Nominees	(In case of death of Relationship	of first choice) – 2 <sup>nd</sup> Option  Specification of Share	Contact Number
Name of Nominee/ Nominees			Contact Number
Name of Nominee/ Nominees			Contact Number
Name of Nominee/ Nominees			Contact Number
Nominees	Relationship	Specification of Share	
Nominees	Relationship	Specification of Share	
Nominees	Relationship	Specification of Share	
I hereby certified that the ab	Relationship	Specification of Share s) of my family mentioned a	are wholly dependent upon
I hereby certified that the ab	Relationship	Specification of Share s) of my family mentioned a	are wholly dependent upon
Nominees	Relationship	Specification of Share s) of my family mentioned a	are wholly dependent upon
I hereby certified that the ab	Relationship	Specification of Share  s) of my family mentioned a  y kindly be treated as cance	are wholly dependent upon elled and of no effect
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