

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

Form of Nomin	ation for Door I		
I SHAHZAD AN	ation for Death Insura	nce for CTC Em	ployees
I SHAHZAD At CNIC # 2/262-139300 nominate the person/ persons	s/d/w/ø_f	to dullah	Jan bearing
nominate the person / persons	working as	H. 2	herohir
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death. (First choice)			
Name of Nominee/ Re	ationship Specificat	ion of Share	
Nominees	a Posticut	ion of Share	Contact Number
Arshad Ali Br	that was		2000
Sariad Der R	(4)		3339209308
The state of the s	100	7 0	3339407640
(In case of death of first choice) – 2nd Option			
Name of Nomina /	ationship Specification		Contract
- Tonimices			Contact Number
Asin Di	Thex 100%	125	
			119808240
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nomination made by me	(if any) may big J. J.	5a	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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DATED:	SIGNAT	TURE OR THUM THE EMPLO	B. IMPRESSION OF
07/09/024		Sh27	, , , , , , , , , , , , , , , , , , ,