

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

Form of N			
I GIFUDOU	ommation for D	eath Insurance for CTO	Employees
BILL OF DOIN.	S/	8/4/0 /Human	11.0
CNIC # <u>2/203- 22022</u> nominate the person/ pe	23 9	working as	A.S
beneficiary(ies) to receive the	rsons mentioned	below who is/ are m	hereby hereby as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death
_	(F.	irst choice)	of my deadl.
Name of Nominee/	Relationship		
Nominees	- Cladionship	Specification of Share	Contact Number
MUAWIYA ALI	Son		
SAFWAN AHMAD	Con	50./	03018964932
STITUTE PATITION	Son	50%	
*			03018964932
(In case of death of first choice) - 2nd Option			
Ivalle of Nominee/	· ·		· · · · · · · · · · · · · · · · · · ·
Nominees	Relationship	Specification of Share	Contact Number
CIMAR FARDOR	Son	100 1	
		100 -/-	03018484932
I hereby certified that the			
I hereby certified that the above me.	e noted member(s)	of my family mentioned a	Te wholler J
The corling		:	ac wholly dependent upon
The earlier nomination made b	y me (if any) may	kindly be treated as	77
v		y or treated as cance	elled and of no effect
*	and delivery of the second of		4
DATED:		SIGNATURE OR THI	UMB IMPRESSION OF
14/00/201		THE EM	PLOYEE
11/01/2024			(A)