

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

Form of Nomination for I	
I <u>Syed</u> Yaloos Banos, s CNIC # <u>21203-7170955</u>	Death Insurance for CTC Employees
2007	121-1 Seine Min 12
CNIC # 21203-7170955-9	bearing
CNIC # 21203-717095559 working as Asea Supervisor hereby beneficiary(ies) to receive the death insurance amount (sum assured) in the overtees and the contract of the contract	
beneficiary(ies) to receive the death insurance	d below who is/ are member(s) of my family as amount (sum assured) in the event of my death.
	amount (sum assured) in the event of my death.
(I	First choice)
Name of Nominee/ Relationship	Specification
Nominees	Specification of Share Contact Number
Cural Hazart Hillel	
Syed Hasses will Nephew	50%, 0301-8883968
Syed Hasi's ullet. Nephew	
METRECO	501, 034-2044464
Section of the sectio	
(In case of door!)	
Name of N	of first choice) – 2 nd Option
Name of Nominee/ Relationship	Specification of Share Contact Number
	Specification of Share Contact Number
34ed Saccel Banor Brother	
	100/- 0301-2044464
I hereby certified that the above	
me.	s) of my family mentioned are wholly dependent upon
The coult-	: ;
inc earlier nomination made by me (if any) ma	y kindly be treated as cancelled and of no effect
	as cancelled and of no effect
The second secon	• 1
DATED:	SIGNATURE OR THUMB IMPRESSION OF
0 0 0 0	THE EMPLOYEE
7-7-2014	Hay Ob