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TPAINIGO CONSULTING	√CTC - HRO -	PTPP – Recruitment & Select	tion – 7.8.5-c-0611	
[Insurance Nomination form— June 2024]				
Form of No			, w	
Form of Nomination for Death Insurance for CTC Employees I Malax Khair s/d/w/o M. Yousaf bearing CNIC # 2 203. Gattal 9				
CNIC # 2/203 Sinominate the person/ per	on s/	d/w/o M. you	saf	bearing
nominate the person/ per	3009	working asCA	W	hereby
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.				
y (, a) to receive file		(abbarca) II	n the event of my	death.
NI.	(P:	irst choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact	Number
6	1 191			
HIKMAL	Sm	50%	632130	87884
Liagat	Son	50%		
		6	03214	085884
(In case of death of first choice) – 2 nd Option				
Name of Nominee/	Relationship			
Nominees	relationship	Specification of Share	Contact N	umber
Hikmat Makar	500	100%	13210-0	Cool
			0321908	
I hereby certified that the above me.	a notod 1			
me.	- Holed member (s) of my family mentioned	l are wholly deno	ndont
-			aroay acpo	ildelii upon
The earlier nomination made by me (if any) may be it				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:	SIGNATURE OR THUMB IMPRESSION OF			
01-1-		THE EMPLOYEE		
7/9/24				
/ 		- N		
	And the second s			