

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

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Consulting	CCTC AND C				
•	[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061]				
	[Insurance Nomination form- June 2024]				
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Form of	Nomination for D				
T Mill	Nomination for D	eath Insurance for	CTC Employees		
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I Muhammad Rioz s/d/w/o ZARWGRAG bearing CNIC # 21203-3590215-5 working as CHIV hereby					
nominate (1)	90315-5	Workingas	111	- Dearning	
hard's the person/	persons mentioned	below whe	FILO	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 family as					
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.					
	(F	irst choice)		actini.	
Name of Nominee/	11 - 211	-se choice)			
Nominees Nominee	Relationship	Specification of SI			
a tonimices		1	nare Contact N	Vumber	
Basir					
OISTA	5.077	1000			
	2.2	10090	0331-31	58584	
•	(In case of death of	first choice) - 2nd Op			
Name of Nominee/		or choice) = 2mi Op	tion	• 1	
Nominees	Relationship	Specification of Shar			
		i of Silar	ce Contact Nu	mber	
ANSGR					
1111348	Son	100%	.		
			0331-32585	84	
I hereby certified that the abme.					
me	ove noted member(s)	Of my family	- V		
		raility mention	ned are wholly depend	dentunon	
The earlier nomination				apoli.	
The earlier nomination mad	le by me (if any) may	kindly be troated			
. *		be treated as	cancelled and of no ef	fect	
		""		×	
DATED:		SIGNATURE OF	THI IN CO IN CONTROL	j.	
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE					
15-9-2024 THE EMPLOYEE					