

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

Form of	Nomination for	Death	Incuranta	c.	OTTO		
1		Cutil	mourance ;	tor	CTC	Emplo	vees

Form of N	lomination for I	Death Insurance for CTO	7 F			
- John y Jrtal	1 8	1d/w/o the an				
CNIC # 17301-5843	107	14, W/O	bearing			
nominate the person/	447-4	working as CH	·w			
beneficiary(ies) to receive the	ersons mentioned	below who is/ are m	hereby nember(s) of my family as			
beneficiary(ies) to receive the	ie death insurance	e amount (sum assured) in	the event of my death			
		irst choice)	detti.			
Name of Nominee/	Relationship	Cma-if: 11				
Nominees	- Sandoriship	Specification of Share	Contact Number			
1130000	Š.					
عاه لورسخوال فاخر طرفان	Us'	50%	0323359552901			
فا فر لرفان	الرب	50 y.	02309-8735,95			
	(In case of death o	f first choice) – 2 nd Option				
Name of Nominee/	Relationship					
Nominees	Relationship	Specification of Share	Contact Number			
معظم عرفان	1 8					
00/	البير	100 %. 00	23119/11689			
Thousand and						
I hereby certified that the above me.	e noted member(s) of my family mentioned a	re wholly donor I			
The earlier nomination made	by me (if any) may	kindly be took 1	4			
	() Italy	kindly be treated as cance	elled and of no effect			
DATED		SIGNATURE OF THE	I) (D D (DD)			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE				
221812024						
		- las				