

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

TRAINING & CONSULTING	[CTC-HRO-	PTPP – Recruitment & Select urance Nomination form– June	ion – 7.8.5-c-061] 2024]		
Form of	N.				
I Rapat Uller	nomination for D	Death Insurance for CTO	CEmployees		
CNIC # <u>21983</u> G17 nominate the person/	200 s	d/w/o Khushmis		bearing	
nominate the person/	7870-1	working as Ch	10		
nominate the person/ beneficiary(ies) to receive	persons mentioned	below who is/ are r	nember(s) of m	hereby	
·, · · · · · · · ·	deadt insurance	amount (sum assured) in	the event of my	y ramily as death	
	(F	irst choice)	,		
Name of Nominee/	Relationship	Specificati			
Nominees		Specification of Share	Contact 1	Number	
00- Took 11161				9.	
Najeeb Ulkh Zaiba	(STELLES)	50%	13/11 8 CS	28222	
Zaiba	Bmother	50%	6346 958 6346 958		
			9/0 138	6873	
N	(In case of death of	f first choice) – 2 <sup>nd</sup> Option		× ·	
Name of Nominee/ Nominees	Relationship	Specification of Share	•	ľ	
ronunees		opecinication of Share	Contact Nu	mber	
61 11			•		
Noor Wlah	Brottner	100 %	346 95888	27.2	
T1 - 7			16 13808	75.	
I hereby certified that the abome.	ove noted member(s	Of my famile			
	) 	or my rainily mentioned	are wholly depen	dent upon	
The earlier nomination made	e by me (if any)			-	
The earlier nomination made	may (n arry) may	kindly be treated as canc	elled and of no e	fect	
•					
DATED:		SICNIATITY		,	
0		SIGNATURE OR THUMB IMPRESSION OF			
J. J. 5027	5.9-2024 THE EMPLOYEE				
	100 A	Kefi			
•					
			ue*		