

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

- SV	H 214 8		
		a le cellen	
			* 1
TONINIO C			•
			•••;
CONSULTING			
	[CTC-HRO-	PTPP - Pagmile 1 C C	
	[Tage	PTPP - Recruitment & Selection	011 – 7.8.5-c-061]
	III: LITISL	trance Nomination form – June 2	2024]
	N Ni	• • 9	
		* 1,	1
Form of N	Omination		
	outiliation for D	eath Insurance for CTC	Employees
I_HAYAN_ IIII	124		Laupioyees
I <u>HAYAN</u> <u>ULLA</u> CNIC # ) 1) 07 - 100	S/	d/w/o_A2ATO_	KUnni
nominate the	2317-9	working as	hereby hereby family as
handi ite person/ pe	rsons mentioned	helow who is	hereby
beneficiary(ies) to receive th	e death insurance	wild is/ are m	ember(s) of my family as
		amount (sum assured) in	the event of my death
	(7)		or my dead.
7.7	\r	irst choice)	
Name of Nominee/	Relationship		
Nominees	retationsinp.	Specification of Share	Contact Number
		360	Contact Number
0			12/1 02/202
NHABAN-DI	C		0344-9343985
THE HE	SON	50 %	
CENT			0302-59662
SENAN.	Son	50 %	311184
		30 %	0302-5944284
			1373 185
,	in case of death of	first choice) - 2nd Option	
Name of Nominee/		2 Option	* *
Nominees	Relationship	Specification of Share	
1 Tondrees		i Silare	Contact Number
Qui :		1	•
SHABAN-AZI	SON		
	30,70	100%	
			0344-9343985
I hereby certified that the abov me.			
me me	e noted member(s	of my family montion	2
		religioned a	are wholly dependent upon
The earlier			1
rice earlier nomination made l	by me (if any) may	kindl-1	¥
The earlier nomination made l	, indy	killing be treated as cance	elled and of no effect
*			· ·
DATER		Crox	
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
0101		THEEN	PLOYEE PLOYEE
9/9/2024			
		_ (1) 1	Tak
			1/2
r ·			1.7.
75	n 185,1 5 11 + 1		i.