

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

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Form of 1	Vomination ()			
I_ Ihsan uu	omination for D	eath Insurance for CT	CEmployees	
CNIC # 9/902 /933	S/	a/w/otayis la	h bearing	
CNIC # $\frac{2/203 - /233}{1000}$ nominate the person/ n	372 - 2	working as	HW	
beneficiary(ies) to receive t	he death insurance	below who is/ are amount (sum assured) in ast choice)	hereby member(s) of my family as n the event of my death.	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
Faris Tan	Father	50%	0308-8308395	
Zabi ullah	Brother	50%	0307-1928395	
,	(In case of death of	first choice) - 2nd Option	n	
Name of Nominee/	Relationship	4 191		
Nominees	200 No. 100 No	Specification of Share	Contact Number	
Ayesha Bibi	wife	(00%)	0340-9124645	
I hereby certified that the abo	ve noted member(s	of my family	d are wholly dependent upon	
me.		or my rammy mentioned	d are wholly dependent upon	
The earlier nomination made	by me (if any) man	1.5		
The earlier nomination made	in arry) may	Kindly be treated as car	ncelled and of no effect	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
9/9/2024	THE EMPLOYEE			
Wille				
V				
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