

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

Form of	Nomination for De	ath Insurance for CTC	ATT
I JUNAID F. CNIC # 2/203-127	PRIDI	101 010	Employees
	s/c	I/w/o CHAKAND) letton having
CNIC # 2/203-127	6874-9	rirow].	bearing
nominate the person/	persons mentioned	holomas	hereby ember(s) of my family as
beneficiary(ies) to receive	the death incurrence	below who is/ are m	ember(s) of my family as
beneficiary(ies) to receive	a di	mount (sum assured) in	the event of my death.
		st choice)	L .
Name of Nominee/	10 1 271	- Griolec)	
Nominees .	Relationship	Specification of Share	Contact NI
			Contact Number
	I Park I		
CHALLAND LEA	IAN - CATHER	4 - 21	
		200%	0301-8876357
			3 . 38 / 0 - 1
	h dh		N .
	(In case of death of	first choice) – 2 nd Option	
Name - CNI	The state of the s	Inst choice) - 2nd Option	i ⁷
Name of Nominee/	Relationship	Specification of Share	
Nominees		i oi bitale	Contact Number
			-
-			
hereby certified that the ab			
ne.	ove noted member(s)	of my family mentioned a	are wholly dependent upon
			acpelident upon
The earlier nomination made	le by me (if any)	1	
The earlier nomination mad	is symic (in arry) may	kindly be treated as canc	elled and of no effect
•			
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DATED:		SIGNATUREOR	UMB IMPRESSION OF
		THE EN	APLOYEE
5/9/24		, 10	T LOIEE
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