

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

PANING & CONSULTING	[CTC – HRO –	PTPP – Recruitment & Selectio rance Nomination form– June 2	on – 7.8.5-c-061]
Form of N			
10111101140	mination for D	eath Insurance for CTC	Employees
I_Alam3eb	8/	directo	1
CNIC # 2/242 G23	5/	d/w/o_N/aiz	Ameen bearing
CNIC # 2/263 92 20 nominate the person/ person	C. 34 - 45		
nominate the person/ person beneficiary (ies) to receive the	ons mentioned	below who is/ are m	ember(s) of my family as
beneficiary(ies) to receive the	ueam insurance	amount (sum assured) in	the event of my death
		irst choice)	
Name of Nominee/	· : 231		
Nominees	Relationship	Specification of Share	Contact Number
Thaam	Son	100%	72/200
	A STATE OF THE STA		0347 9871025
Name of N	case of death of	first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
1		/	
I hereby certified that the above			
I hereby certified that the above me.	noted member (s	) of my family mentioned a	are wholly dependent upon
The earlier nomination made by			
ž.	, , , , , , , , , , , , , , , , , , ,	kindly be treated as canc	elled and of no effect
8. 2	A Paris		
D 4 555		CICNIATION	
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
05.09.0024		THE EN	APLOYEE P
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