

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

Form of N	Omination			
I Akhtery Alak	ommation for L	eath Insurance fo	r CTC Employ	ees
I Akhted Nabi	S,	/d/4/0_M.	Hanif	hooring
CNIC # 2/203- 98822	-99-3	Working as	01112	Dearing
CNIC # 2/203- 988 22 nominate the person/ pe beneficiary(ies) to receive the	rsons mentioned	below who is/	aro manda (i)	hereby
beneficiary(ies) to receive th	e death insurance	amount (sum assur	ed) in the organt	of my family as
			ou, in the event	or my death.
Name of Nominee/	(1 : 27)	irst choice)		
Nominees .	Relationship	Specification of	Share Co	ntact Number
				ruder ivulliber
AlaTina Dia				· —
NaTma BiBi	Wife	100%	1312	9837516
			0 3/3	105/3/8
				•
	In case of death o	f first choice) – 2nd C	Option	
Name of Nominee/	Relationship	146		
Nominees		Specification of Sh	are Cont	act Number
/		A control of	•	
		/	1	
			-/	
Thereby covers				
I hereby certified that the above me.	e noted member(s) of my family ment	ioned are wholls	dan
			addition will be	dependent upon
The earlier nomination made	by me (if any) ma	v kindly haters	2	
The earlier nomination made		y killing be treated a	is cancelled and	of no effect
•	100			• .
DATED:		SIGNATIDE	יי יי יי זיז זייף מר	g
5-9-024		T	OR THUMB IMF THE EMPLOYEE	RESSION OF
J 1-024			Eyler	
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