

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

	11	unce Nomination form- June 2	024]	
Form of No	mination (- n			
- 14	mination for D	eath Insurance for CTC	Employees	
Munammad Au	och S	d/w/a Said No	1	× _
CNIC # 21203-147	3RIQ-9	160	HOW	bearing
CNIC # 21203-147 nominate the person/ per	sons mentioned	working as CHU	N	hereby
nominate the person/ person beneficiary (ies) to receive the	death insurance	amount (areas	ember(s) of my	family as
		amount (sum assured) in	the event of my o	leath.
	(F	irst choice)		
Name of Nominee/	Relationship	Specification		
Nominees		Specification of Share	Contact N	lumber
·				
Raheelabibi	1.10			
	00116	100%	0344-41	7975
			2.	
. (7	2000-61			* 3
	i case of death o	f first choice) - 2nd Option		•"
Name of Nominee/	Relationship	Specification of Share	Combania	1
Nominees		2 Salare	Contact Nu	mber
	8 11 7			
I hereby certified that the				
I hereby certified that the above me.	noted member (s) of my family mentioned	are wholly deper	dentunon
	17 - 17 - 1			
The earlier nomination made b	y me (if any) ma	y kindly be treated as con-		
*		y se included as carro	elled and of no e	ffect
•				•
DATED:		SIGNATURE OR TH	II IMP IMPRECE	0)1.07
		THE E	MPLOYEE	ON OF
06-09-2024				*
	100 Maria			