

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

Form of N	omination for D	eath Insurance for CTC	
I Sadam - Husain		Additional Control of the Control of	ichan bearing
CNIC # 2 12 12 2200	S,	a/w/o_ Arbab_	1Chan bearing
nominate the paragraph	355-3	_working as	bearing -/ \www. hereby
beneficiary(ies) to receive the	ersons mentioned	below who is/ are me	hereby ember(s) of my family as
beneficiary(ies) to receive the	le death insurance	amount (sum assured) in t	the event of my death.
		irst choice)	,
Name of Nominee/	Relationship	0.10	
Nominees	Actations in p	Specification of Share	Contact Number
0			
Arbab - 1Chan	Father	1007.	
	3. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.		0343-2876056.
	(In case of death o	f first choice) - 2 nd Option	
Name of Nominee/	T		
Nominees	Relationship	Specification of Share	Contact Number
		,	
I hereby certified that the above	ve noted member/		
I hereby certified that the aboume.	- Total member (s) of my family mentioned a	re wholly dependent upon
The earlier nomination			
The earlier nomination made	by me (if any) ma	y kindly be treated as cance	elled and of no offert
*			or no enect
•			
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
9-9		THE EN	PLOYEE
1 1 - 24		(d)	had
		CC	