

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

Form of N	Iomination for D	eath Insurance for CTC	-
1 Pluhammad latiq	s/	d/w/o	*.
CNIC # 21203 . 94 nominate the person/ p	400/29		bearing
nominate the person/ p	ersons montion 1	working as	hereby
beneficiary(ies) to receive t	ne death insurance	below who is/ are me	mber(s) of my family as
beneficiary(ies) to receive t	a district in the second secon	amount (sum assured) in th	ne event of my death.
Name of N.	1 21:	rst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
·	1000		Contact Number
		3 18	
Noor Huider	father	1156	
		100 %-	0332.8080947
	Krother	1.	
χ.	(In case of death of	first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Shah wawcez.	Brother	100 1.0	777 17
U	1.7. 1.		
I hereby certified that the abo	ve noted member/o) of man (
me.		of my family mentioned a	re wholly dependent upon
	17 17.11		
The earlier nomination made	by me (if any) may	kindly be treated as cance	lled and of no effect
*			210 61166
*			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
13-09-001		THE EM	PLOYEE
12 1 2019		I Town	