

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

	B	ince ivolutionity form - June	2024]
			•
Form of N	omination for D	eath Insurance for CT	
I Aman ullah		eath Insurance for CT	CEmployees
CNIC # 21203-5384 L	S,	d/w/o Mahamma	d Rahim Khan bearing
nominate the	109-9	working as C-H.	11/
heneficient's he	rsons mentioned	below who is/ are	hereby nember(s) of my family as
beneficiary (les) to receive th	e death insurance	amount (sum assured):	nember(s) of my family as
beneficiary(ies) to receive th		, , , , , , , , , , , , , , , , , , , ,	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationahi		
Nominees	Relationship	Specification of Share	Contact Number
M .			
Muhammad Amin	prother	1000	
		100%	0335 9793 551
Najeeb	brother	1 00	
	Boome	100%	0333 8781 898
. (	In case of death o	f first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/		1115t Choice) - 2nd Option	, t
Nominees	Relationship	Specification of Share	
1 tonimitees		1 Silare	Contact Number
		N (1	
nereby certified that the			
hereby certified that the abov ne.	e noted member(s	) of my family mentioned	
	N N	, many arctitioned	are wholly dependent upon
he earlier nomination made l			
- autorritade i	y me (if any) may	kindly be treated as canc	relled and of the sec
		Sugar,	cened and of no effect
Œ	1000		÷
) A TED		CTONTAGE	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
15/09/2024	THE EMPLOYEE		
11/227		0,1	
* *		Thile	
1			
	11 20 1		