

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

	No.	in June	2024]
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Form of Norm			
Form of Nomination for Death Insurance for CTC Employees  I Muhmmad Ulyas s/d/w/o Agal 2aveen bearing  CNIC # 21203-2456 703-2			
- Inninge Lyax	ig.	A 1	
CNIC # 21203-24567 nominate the person/ person	03-7	Turanilai 0 11	bearing bearing
nominate the person/ person beneficiary(ies) to receive the de	of monting 1	working as	hereby
beneficiary(ies) to receive the de	is mentioned	below who is/ are n	nember(s) of my family
JY, JY TO TECHTO LITE (A	ath insurance	amount (sum assured) in	the event of my family as
			and event of my death.
	(F:	irst choice)	
Name of Nominee/	20104- 1:		
Nominees	Relationship	Specification of Share	Contact Number
			Contact Number
Sha sha	A ni		
Shamina Bibi	Mother	100 %	
	31	100 1	03315010088
76.67			
. 1		7	
(In c	200 0 4		
, (11)	ase of death of	first choice) - 2nd Option	
I NOTIFICATION TO THE PARTY OF			
Nominees	elationship	Specification of Share	Contact Number
			Contact Number
. ·			
Hav:			
Hakima Ribi	DIA e	100 1.	
		10- 1.	0331-50/00 88
I horobassico	Haraman da	10 11	
r hereby certified that the above no	ted member(a)	of	
I hereby certified that the above no		of thy family mentioned	are wholly dependent upon
77			y soperacit upon
The earlier nomination made by n	ie (if any) mar-	1	
17	in arry) may	Kindly be treated as cano	celled and of no offers
	·/*:		and of the effect
4			
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF
	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
15-09-2024			1 I I I I I I I I I I I I I I I I I I I
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