

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

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Curdulinu	[CTC - HRO -	PTPP - Recruitment & Sele		*
	[Insi	trance Nomination form– Ju	ne 20241	
Form of M	,			
TOTHLOT I	Nomination for D	eath Insurance for C	TC Employees	
I Drie Almen	<u>/</u> s/	d/w/o_Jan	The second secon	
CNIC # 21203-6/	511751 7			
nominate the person/ n	Omoo	_ working as(HW	hereby
beneficiary(ies) to receive t	he death insurance	amount (sum assured)	member(s) of n	ny family as
		,	in the event of my	death.
Nama of N.	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Shar	re Comba	77
			Contact	Number
Sadig ullah	Ronther			
- 1	Die de	80 %	033692	190470
Jan Albar	Father	20 %	000072	210929
		20 90	033371	98722
	(7)			
NT- () 7	(in case of death o	first choice) - 2nd Option	on	
Name of Nominee/ Nominees	Relationship	Specification of Share		
- Tomaniees		i of offare	Contact N	umber
Sadia ullah	0 11			
Sadig ullah	Browner	100 0/0	0771000	
			0336929	
I hereby certified that the abo	ve noted member/s) - C		
me.	o inchiber (s	of my family mentione	d are wholly depe	ndent upon
The earlier nomination made	h (:c			1
The earlier nomination made	by me (if any) may	kindly be treated as ca	ncelled and of no	effect
•	11, sade			
D A TERM		CIO		3
DATED:		SIGNATURE OR T	HUMB IMPRESS	ION OF
		THE	EMPLOYER	
	9004		(Aya Comme)	
• *			#	-