

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

Form of i	Violentia de la companya della companya della companya de la companya de la companya della compa		:
I Abdul W 1:	Nothination for D	eath Insurance for CT	CEmployees
LINA 9	S/	d/w/o Mamin	61
CNIC # 21203-644 nominate the person/	7862-9		bearing
nominate the person/ r	ersons montioned	working as CHU	hereby
beneficiary(ies) to receive t	he death insurance	below who is/ are	hereby member(s) of my family as
beneficiary(ies) to receive t		amount (sum assured) in	n the event of my death.
_	(F	irst choice)	
Name of Nominee/	Relationship	Specificati	
Nominees		Specification of Share	Contact Number
Abelul Kabir	Brother	1 1	
	30-11101	100 %	03329299629
	(In case of days	1	
Nome - CN	(Mi case of death of	first choice) - 2 <sup>nd</sup> Optior	,,,
Name of Nominee/ Nominees	Relationship	Specification of Share	
- OMDITIEES		i of Strate	Contact Number
Abdul Karbir	18 11		
Hours Kally	Brother	100 %	222 92 06 /2 0
		,	63329299629
I hereby certified that the ob-	1	He	
I hereby certified that the abo	ve noted member(s	) of my family mentioned	are wholly done 1
The article			whony dependent upon
The earlier nomination made	by me (if any) may	kindly he treated	
		be treated as can	celled and of no effect
	Washington and the second	. 4	21
DATED:		SIGNATIBEOD	TY TO CO. T.
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
16/9/2024			TO TEE
		C) to base	