

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

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Form of No	mination for D				
Form of Nomination for Death Insurance for CTC Employees					
I Aman-allah			proyees		
I Aman-ullah s/d/w/o Khaista Rehman CNIC # 2/203-8251894-5 working as Aran Supervisor nominate the person/ persons mentioned below who is/ are member(s) of my beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my					
CNIC # 2/20 3- 82 C180	1		t community	earing	
nominate 17	7 - 3	working as Aran e	N/Description of the second		
nominate the person/ per	sons mentioned	holoris - 1	cibes 17 725	hereby	
beneficiary(ies) to receive the	dooth in	below who is/ are n	nember(s) of my fan	niltz na	
, and the time	ueaut insurance	amount (sum assured) in	the errorst of many in	my as	
		, —	and evert of my death.		
	(F	irst choice)			
Name of Nominee/	(* 127.)				
Nominees	Relationship	Specification of Share			
Nonlinees		r state of Share	Contact Numb	er	
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, (1)	case of death o	f first choice) - 2 nd Option			
Name of Nominee/					
Nominees	Relationship	Specification of Share	C 1 2		
- Oldinges		- Silaic	Contact Number		
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2/. 11					
ileplants	Eather	100°/0	122		
	7 ancer	100/6	03324747379		
Thereby cortification					
I hereby certified that the above me.	noted member/s	s) of my family			
me.		y or my raining mentioned	are wholly dependent:	inon	
TPI .			J. T. MILLE	Thorr	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect					
	may kindly be treated as cancelled and of no offer				
** 24 .4			and of no effect		
	es . Z- ·				

DATED:

9-9-2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

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