

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

Form			
Form of Nomination for Death Insurance for CTC Employees I Hafee Ullah s/d/w/o Shah wall bearing			
s/d/w/o Shah will			
CNIC # 21203 - 9110 + 38 - 3 working as Avea Suferviser hereby beneficiary (ies) to receive the death insurance amount (sum assured) in the event of much is			
heneficiary heneficiary	persons mentioned	below who is	werviser hereby
scricinciary(les) to receive	the death insurance	amount (sum assured) in the	ember(s) of my family as the event of my death.
Name of Nominee/	(F.	irst choice)	
Nominees	Relationship	Specification of Share	Contact Number
M. Mashal Sarim	Son	50 01	
Sarim	Son	50 % 50 %	0306-95927700
	Committee Committee	30 %	0306-5927700
Name of NI.	(In case of death of	first choice) - 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Shah wal;	Lather	100% 03	303-8288911
I hereby certified that the ab			

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

SIGNATURE OR THUMB IMPRESSION OF

THE EMPLOYEE