

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

Form of N	omination for D	eath Insurance for CTC		
I Abdul wolmd		distributance for CIC	Employees	
CNIC # <u>21203-56987</u> nominate the person/ pe	30	a/w/o_ADOUN /V/O	bearing bearing	
nominate the name /	47-3	working asAS	Yes 4	
henoficiami/i)	ersons mentioned	below who is/ are me	hereby ember(s) of my family as	
beneficiary(ies) to receive the	ne death insurance	amount (sum assured) in the	hoer(s) or my family as	
		(outrassarea) In E	ne event of my death.	
	(Fi	rst choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		opechication of Share	Contact Number	
Huropn	BYOTHON	100 %		
	1	100 /0	0304-3886602	
			1	
	(In case of death of	first choice) - 2nd Option		
Name of N.		- Zim Option	• *	
Name of Nominee/	Relationship	Specification of Share	Control	
Nominees		i Sitate	Contact Number	
1				
			1	
.,		/		
Therefore and the start				
I hereby certified that the abome.	ve noted member(s) of my family mentioned		
me.		, and micrimoried a	ire wholly dependent upon	
The earlier nomination				
The earlier nomination made	by me (if any) may	kindly be treated as cance	2) - Les bolle	
			and of no effect	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
= 101:00		THE EMPLOYEE		
5/4/2024		U welie		
		teline		
¥ ,			:	