

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

		integration formi- ju	ine 2024]	
T				
Form of Nomi	nation for D	eath Insurance for C	TC Employees	
- Majou Mulammal		11 11	Aubanana	
CNIC # <u>91903-11582</u> 7	E 1			
			membor(à)	hereby
beneficiary(ies) to receive the de	ath insurance	amount (sum assured)	in the event of my	ny tamily as death
		rst choice)	,	
Name of Nominee/ R	Relationship	Specification of Sha	TO 1	
Nonunees		1 I Gradient of Grad	Contact	Number
CNOOX Mahommed I	attor			
1 4001 Tollaron F			033592	37536
CD50071	30.00			
, (In c	ase of death of	first choice) - 2nd Opti	On	
Name of Nominee/	elationship		,	*
Nominees		Specification of Share	Contact N	umber
Muhammad	hee			
Hanori			03339183	698
Thereby cortification		1 1		
I hereby certified that the above no me.	ted member(s)	of my family mention	ed are wholly dene	and ont
The earlier nominal		133	топу мере	riderit upon
The earlier nomination made by m	ie (if any) may	kindly be treated as ca	ancelled and of no	offort
	. In Electron		and 01 110	errect
		GT CO. T.		- 7 - 6 - 10
DATED:		SIGNATURE OR	THUMB IMPRESS	SION OF
15-09-3099 THE EMPLOYEE				
			ř.	