

16/9/2024

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

			:
Form of Nomination for Death Insurance for CTC Employees I Zew Muhammael s/d/w/o Hasi Faree f khan bearing CNIC # 21203-46 IUI GR 0			
Zay Muh	ammael s	d/w/o Hali 7	P
nominate the person/ nor	70-7	working as Ayea	Supervisor
beneficiary(ies) to receive the	e death insurance	amount (sum assured)	in the event of my death.
Name of Nominee/	(F	irst choice)	
Nominees	Relationship	Specification of Sha	re Contact Number
Noor Rehman	Brother	100%	
	W. Charles	100 /8	0333-902 40 40
			•
(In case of death of first choice) - 2nd Option Name of Nominee/ Relationship Continuous Contin			
Nominees	Relationship	Specification of Share	Contact Number
Noos Rehman	Brother	100%	0333-9024040
I hereby certified that the ober-			
I hereby certified that the above me.	enoted member (s) of my family mentions	ed are wholly dependent upon
The earlier nomination made b	y me (if any) may	vkindly be treated as ca	incelled and of no according
•	And Theoretical		and of no effect
DATED:		SIGNATURE OR	THUMB IMPRESSION OF
	II CONTRACTOR OF THE PROPERTY	1 1 1 1	HIMIPI () VICT

THE EMPLOYEE