

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

FORM Of Noing to Company		
Form of Nomination for	Death Insurance for CTC	Employees
- AUL AMIN)	8/d/w/0 CL 1	• ,
いたサムインスーちくのは、独のライ		·
CNIC # 21203-5309427-1 nominate the person/ persons mentione beneficiary(ies) to receive the death insurance	d below who is/ are m	hereby
beneficiary(ies) to receive the death insurance	e amount (sum assured) in	the event of my family as
The state of the s	First choice)	and event of my death.
Name of Nominary		
Nominees Relationship	Specification of Share	Contact Number
Abdulwali Brother		
Diemer	100 %	03360927080
2000000 mm		
(In case of death	of first choice) – 2 nd Option	
I Name of Nomina /		= x ³
Name of Nominee/ Relationship Nominees		Contact Number
Name of Nominee/		Contact Number
Nominees Relationship	Specification of Share	Contact Number
Nominees Relationship	Specification of Share	Contact Number 93360927080
Nominees Relationship Relationship Brather	Specification of Share	03360927080
Nominees Relationship Relationship Brather	Specification of Share	03360927080
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Nominees Relationship Relationship Relationship Relationship Brathes I hereby certified that the above noted member (me.) The earlier nomination made by me (if any) ma	Specification of Share /oo / (s) of my family mentioned as cance sy kindly be treated as cance SIGNATURE OR THI	03360927086 are wholly dependent upon