

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

Form of N	Nomination for D	eath Insurance for CT	C Employees
I Kubsa		d/w/o Chulam Ro	1.
CNIC # 17301 UC775U	~ U	, To Shirtani Na	bearing
CNIC # 17301 457754, nominate the person/ n	orsons manti- 1	working as CHA	J hereby
beneficiary(ies) to receive t	he death insurance	below who is/ are r	nember(s) of my family as
beneficiary(ies) to receive t	il illustrative	amount (sum assured) ir irst choice)	the event of my death.
Name of Nominee/	Relationship	Cnocification (C)	
Nominees	Reactorship	Specification of Share	Contact Number
01 1.1			
Shahid Polyeen	Mother	100%	0310-5687831
Taj Pasi	Sister	100%	0311.8185278
			0311.0101010
	(In case of death o	of first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
01 1 2 10			
Gihulam Mustafa	Boother	100%	0310.5687831
I hereby certified that the ab	ove noted member	(s) of my family mentione	d are wholly dependent upon
me.		3	* * *
The earlier nomination mad	le by me (if any) ma	av kindly he treated as ca	ncelled and of no offect
		y raining be treated as ca	recited and of no effect
		SIGNATURE OR	THUMB IMPRESSION OF
PATED: THE EMPLOYEE			
2.9. 2024			Dist
D. 1. 2021		***************************************	29.24