

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

Form of	Nomination for 1	Death Inc.	
I Bushace Gra	1	Death Insurance for C	TC Employees
- DUSKER GAR		10/w/a (611 14	ρ
CNIC # 17301-9110	2572 /	, , , o Stary	bearing hereby
nominate the name /	8313-6	working as	CHI
beneficion (i-s)	persons mentioned	d below who is/ are	member(a) hereby
beneficiary(ies) to receive	the death insurance	e amount (sum assured)	member(s) of my family as
		(abbarea)	in the event of my death.
		First choice)	
Name of Nominee/	Relationship	ship Cools :	
Nominees	- Total of Ship	Specification of Shar	e Contact Number
C1 1. 01			
Shakir Coul	Father	100%	0000000
		300%	03139972206
	(In case of death o	of first choice) - 2nd Optio	n
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			Transfer I variabel
Ahtisham	Ω .		
Fillisham	Brother	100%	03143577576
			031933 1 13 16
I hereby certified that the abo	We noted manufact		d are wholly dependent upon
me.	ve noted member (s	s) of my family mentioned	d are wholly dependent upon
The earlier nomination made	by me (if any) may	y kindly be treeted	
	, , , , , , , , , , , , , , , , , , , ,	y kindly be treated as car	ncelled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			EMPLOYEE
22/8/2024		hill	(2) 11
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