

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

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Form of Nomination for Death Insurance for CTC Employees I ABDUL MANA F s/d/w/o ALTAF HUSSAIN bearing CNIC # 21203-7415090-3			
1 ABDUC /VIANA	<i>F</i> s/	d/w/o ALTAI	Hiscorini
CNIC # 21203-7415090-3 working as CHW hereby beneficiary(ies) to receive the death insurance amount (sum assure i) in the control of the death insurance amount (sum assure i) in the control of the death insurance amount (sum assure i) in the control of the death insurance amount (sum assure i) in the control of the death insurance amount (sum assure i) in the control of the death insurance amount (sum assure ii) in the control of the con			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
		irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opechication of Share	Contact Number
ALTO E ALMORAGA			
ALTAF HUSSAIN	HATHER	100%	0336 1572360
	A 300 (27)		
	In case of death o	of first shairs)	
(In case of death of first choice) – 2 nd Option Name of Nominee/ Relationship Specific in the first choice			
Nominees	Relationship	Specification of Share	Contact Number
6			
RAHIDA BIBI	WIF.E	100%	0342-9030952
		1007	0334-8321962
I hereby certified that the above	renoted man-1		
I hereby certified that the above me.	croted member(s) of my family mentioned	are wholly dependent upon
	11 - 2011 - 3		
The earlier nomination made	by the (if any) ma	ly kindly be treated as cano	celled and of no effect
9			e)
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
13/9/02/1		THEE	MPLOYEE