

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

Form of N	omination for I	Death Insurance for CT	C.F.
1Nabi/a		12/2/1-	1
CNIC # /726/ 91	27110	/u/w/0	bearing bearing hereby
beneficiary(ia)	sons mentioned	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	e death insurance	e amount (sum assured) is	n the event of my document
	THE COURSE OF TH	First choice)	event of my death.
Name of Name:		and choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ronmiees			Contact Number
P 111			0510-403838
Fasiha	Davable	r Filly	
	Daughte	PTY	03/0-4638385
Hamdan	Sm	17.141	
	0,1	THY	03/0-4638385
(1	n case of death o	of first choice) - 2nd Option	n
Name of Nominee/	11 2 3+1		
Nominees	Relationship	Specification of Share	Contact Number
1 10 may lotaly	C. 1 40	1:16 1/11	
Of Med Stuke	Sisters	7777	0313 8454887
			The state of the s
I haraha ara			
I hereby certified that the above me.	noted member (s) of my family mentioned	are wholly dependent upon
nte.			y separatin apon
The earlier nomination made b	v me (if any) ma	y kindly be too to	
) IIIc (II dily) IIIa	y killdly be treated as can	icelled and of no effect
		CY CY Y . The second	
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
00 10 100		IFIE I	EMPLOYEE
22 /8 /024		Ma	