

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

| Form of N | omination for D | eath Insurance for CTC | Employees | |
|---|---------------------|---|----------------------------------|--|
| I Najma Bi | Bi s/ | d/w/o Pervez | Whom | |
| CNIC # 17201 20 | 2/1/2/11 | 1 10 TONE | bearing bearing | |
| CNIC # 17301-22 | 14024-6 | _working as | hereby | |
| beneficiary(ies) to receive to | ersons mentioned | below who is/ are m | hereby nember(s) of my family as | |
| beneficiary(ies) to receive to | ne death insurance | amount (sum assured) in | the event of my death. | |
| | (F | irst choice) | | |
| Name of Nominee/ | Relationship | Specification of Share | Contact Number | |
| Nominees | | | Cornact I vaniber | |
| Zarnab | daughter | | | |
| | aughter | 50% | 0311-9047810 | |
| Salleena- | daughter | 50% | 0311-9047810 | |
| | | | | |
| (In case of death of first choice) – 2 nd Option | | | | |
| Name of Nominee/ | Relationship | Specification of Share | Contact Number | |
| Nominees | | | | |
| Maire | daughter | 1000 | 24 2-1-7010 | |
| Tigga | Jaughter | 100% | 0311-9047810 | |
| | 4 , | | | |
| I hereby certified that the ab | ove noted member | (s) of my family mentioned | d are wholly dependent upon | |
| me. | | | | |
| The earlier nomination mad | de by me (if any) m | ay kindly be treated as car | ncelled and of no effect | |
| | | | | |
| | ii s | CIONATURE OR S | FITTING IN ADDECCION OF | |
| DATED: | dia and | SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE | | |
| | | | Ann | |
| 02.08.2024 | | 1/ | | |