

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

Form of I	Nomination for	Death Insurance for CT	Cr
I_ Shadab		Adlwo_Sanau	CEmployees
CNIC # 17301- 4	774227	s/a/w/o_sanau	Wah bearing
CNIC # 17301- 4 nominate the person/ p	1/932/-0	_ working as _ C A	hereby
beneficiary(ies) to receive t	he death insurance	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive t	Histianc	e amount (sum assured) is	n the event of my death.
		First choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	
ronnnees		1 State	Contact Number
Carrie	1 1		
Sana ullah	husbauc	1 100%	0315-9833533
			100000
	(T		
1	(in case of death o	of first choice) - 2 nd Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Nt. 1
- Conditiees			Contact Number
Shah Amana	1 ralla	1000	
Shah Auragra	is rainer	100 90	0301-5907707
I hereby certified that the above.	ve noted member(s) of my family mantion - 1	
The earlier nomination made	by me (if any) ma	y kindle L	
	(y killuly be treated as cand	celled and of no effect
DATED:	ATED: SIGNATURE OR THUMB IMPRESSION OF		
11/10/2001		THE EMPLOYEE	
11/10/2029		Shadah	