

[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	CEmployees	
I Hina		12/21 1	C Laipioyees	
CNIC # 17201 70	37014/1	/d/w/o_ Tabal	bearing bearing	
CNIC # 1730) - 70	173/46-4	working as CH1	N/ hereby	
The Delson De	rsone montions	7 7 7 -	TICICDY	
beneficiary(ies) to receive th	ie death insurance	e amount (sum assured) ir	the event of my death.	
		First choice)		
Name of Nominee/	Relationship	n Specification (C)		
Nominees	- Total Crisinp	Specification of Share	Contact Number	
	2 4		11-1 42 11	
Saming Igbal	Mother	1009	0010000	
7	J-10 mes	100%	03489661056	
	(In case of death o	of first choice) – 2 nd Option		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Contact Ivaniber	
f . 1				
Faisal Ighal	brother	100 %	0313 672 7221	
	1), 4,		0313 012 1721	
I hereby certified that the above	ve noted mamban	-) - (
I hereby certified that the above me.	ve noted member(s) of my family mentioned	are wholly dependent upon	
The earlier nomination 1				
The earlier nomination made	by me (if any) ma	y kindly be treated as can	celled and of no effect	
		CICNIAMIDE		
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE				
8/10/2024			WII LOTEE	
3 10 1001		- Chrys		
	¥6			