

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

## Form of Nomination for Death Insurance for CTC Employees

	101 D	eath Hisurance for CT	C Employees	
1 Abdul m	Palik s/	d/w/o madra	tan having	
CNIC# 2/20/636	78/3-1	Working	1117	
nominate the person/ per	rsons mentioned	holory 1	hereby	
beneficiary(ies) to receive the	Dallomino merchan	below who is/ are i	member(s) of my family as	
beneficiary(ies) to receive the	e death insurance	amount (sum assured) ir	the event of my death.	
			,	
(First choice)				
Name of Nominee/	Dolotie 1:			
Nominees	Relationship	Specification of Share	Contact Number	
rvonnnees				
	i. i			
, -	-			
Madra Jan	Falker	800/0	0321-9037215	
			202. 100 42.0	
150gh, m	STOOLARY	100%	- 211 AU FOLTON	
15097) 500 SOUTHER 100/0 0311-9459528				
	¥ (			
	In case of death o	f first choice) - 2nd Option	2	
		- List choice, 2 Option		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		-r	Contact Number	
		*		
	Roolhes	1.97	2.0 000000	
mushim	15801hos	100	0313-9009202	

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

		SIGNATURE OR THUMB IMPRESSION OF
DATED:		THE EMPLOYEE
29/08/024	t <sub>v</sub>	ANK