

[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 C1 C	Employees
Hayat Naw	92 s/	d/w/o_Mida	Jah bearing
CNIC # 21201 - 21	4707 47		bearing
CNIC # <u>21201 - 75</u> nominate the person/ no	179797	_working as	w hereby
are person, pe	LSUIIS Mentioned	holoris - 1	,
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death
			acatat.
	(1)	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
1	, I		
Samed Jan	Brother	100%	0333-9145481
		1001	0030 1193 981
	i ,		
	In case of death o	of first choice) – 2nd Option	
Name of Nominee/	T	e e	
Nominees	Relationship	Specification of Share	Contact Number
1 (offinitees)		-	
wasect phour	Part House	100 11	
waseer know	Brother	100 %	0311-7825825
I hereby certified that the above	ve noted member	(s) of my family montioned	7 11 1
me.	i	o) of my family members	are wholly dependent upon
The earlier nomination made	by me (if any) ma	ay kindly be treated as can	celled and of no effect
		· · · · · · · · · · · · · · · · · · ·	
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	# #	CICNIATI IDE OD T	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
2/9/2024			
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