

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

Form of No	mination for D	eath Insurance for CTC	Employees	
I Saima Ro	heem s/	d/w/o ASFarrol	yav .	
CNIC # 17301-787	14352	working as	Tal .	
nominate the person/ perbeneficiary(jes) to receive the	sons mentioned	bolovy rishe is /	hereby	
beneficiary(ies) to receive the	death insurance	below who is/ are m	ember(s) of my family as	
beneficiary(ies) to receive the	deadrinsurance	amount (sum assured) in	the event of my death.	
<u> </u>	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Contact Number	
m. Zawar	Son	100%	03/3900370	
(.	in case of death o	f first choice) - 2 nd Option		
Name of Nominee/	Relationship	Specification of Share	Control N. 1	
Nominees	- in the state of	opecification of Share	Contact Number	
			TEST 53 11 11	
Asfandyar	hashand		03119069266	
	1	[00	0511900000	
I hereby certified that the abov	e noted member(s) of my family mentioned	are wholly dependent upon	
me.			, 1	
The earlier nomination made	by me (if any) ma	v kindly be treated as can	called and of no offert	
	1,	y mining be treated as carr	cened and of no effect	
	SIGNATURE OR THUMB IMPRESSION OF			
DATED:		THE EMPLOYEE		
28-8.2024		C	ing of	
		earne		