

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

	vomination for I	Death Insurance for C	TC Employees
1 Sharag	s	/d/w/o Saii	ad
CNIC # 17201-59 nominate the person/ p	45690-6		
nominate the person/ p	ersons mentioned	working as CH	N hereby
beneficiary(ies) to receive to	he death insurance	d below who is/ are	member(s) of my family as
		amount (sum assured) i	in the event of my death.
	(1	First choice)	
Name of Nominee/	Relationship	Specification of Shar	
Nominees		-F sentention of Silar	e Contact Number
Sajjad	w for	1/2	2014 20715.5
30		1 100	0314-3971515
	(In case of death of	of first choice) – 2 nd Optio	
		- Inst choice) - 2nd Optio	n ·
I Name of Nominae	D		
Name of Nominee/	Relationship	Specification of Share	Contact Number
	Relationship	Specification of Share	Contact Number
Nominees		Specification of Share	Contact Number
Nominees	Relationship	Specification of Share	Contact Number 0314-3971515
Nominees	L Den	100	0314-3971515
Nominees	L Den	100	
I hereby certified that the above me.	ve noted member(s	s) of my family mentioned	0314-3971515 d are wholly dependent upon
I hereby certified that the above me.	ve noted member(s	s) of my family mentioned	0314-3971515 d are wholly dependent upon
Nominees	ve noted member(s	s) of my family mentioned	0314-3971515 d are wholly dependent upon
I hereby certified that the above me.	ve noted member(s	s) of my family mentioned y kindly be treated as car	d are wholly dependent upon neelled and of no effect
I hereby certified that the above me.	ve noted member(s	s) of my family mentioned by kindly be treated as cares	d are wholly dependent upon neelled and of no effect
I hereby certified that the above me. The earlier nomination made	ve noted member(s	s) of my family mentioned by kindly be treated as cares	d are wholly dependent upon neelled and of no effect