

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

Form of Nomination for Death Insurance for CTC Employ

	rollillation for	Death Insurance for CTO	Employees
I Hashmat KI	con	s/d/w/o Sich Ali K	. Linployees
CNIC # 172011.	No. 1	stut Will Ali K	hem bearing
	L		
beneficiary(ies) to read	persons mentione	d below who is/ are n	hereby nember(s) of my family as
to receive	the death insurance	d below who is/ are note amount (sum assured) in	the event of my doub
		First choice)	or the or my death.
Name of Nominee/		rust choice)	
Nominees Nominee/	Relationship	Specification of Share	Contact Number
- volunees			Contact Number
C1 D			
Shakila	Wife	100%	0320-9364980
			1364980
	(In case of death	of first choice) - 2 nd Option	
Name of N		of Hist Choice) – 2nd Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
rvonimees			Contact Ivamper
	-		
Theret was a second			
I hereby certified that the abome.	ove noted member(s) of my family mentioned a	are wholly dependent
IIIC,			dependent upon
The earlier nomination mad	e by me (if any) ma	y kindly be treat 1	
) (- 11.)) 1111	y kindly be treated as cance	elled and of no effect
		SICMATURE OR THE	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
10/0/24		X	TOTEE
10/08/024			ng.