

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

Form of Nomination for Death Insurance for CTC Employees

I Samina	S	/d/w/o_N1. N	asix	be.	aring
CNIC # 11301/312	5368	_ working as _	CHI		
nominate the person/ beneficiary(ies) to receive	the death insurance	below who is/ amount (sum assu First choice)	are me red) in t	ember(s) of my famil he event of my death.	ereby y as
Name of Nominee/	Relationship	Specification of Share			
Nominees				Contact Number	
umes Amad	Son	301/.		03155852185	1
umaima	Doughtex	70%		0308587706	
Name of Nominee/ Nominees	Relationship	f first choice) – 2 nd (Specification of Sh		Contact Number	
Loiba	Doughtex	100/	03	109704210	
I hereby certified that the ab me.	ove noted member(s	s) of my family ment	tioned ar	e wholly dependent up	on
The earlier nomination mad	e by me (if any) may	kindly be treated a	as cancel	led and of no effect	
DATED:		SIGNATURE	OR THU	MB IMPRESSION OF PLOYEE	
13.8.24	7	Sc.	ning	CHW	
13.0.24					