

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

Form of Nomination for Death I				
Form of Nomination for Death Insurance for CTC Employees I Shall a solution for Death Insurance for CTC Employees CNIC # 17301-58 36/35- Orwardia bearing				
nominate 1	58 76135-	Oworking	Ameen bearing hereby	
beneficiary (i.e.)	persons mentioned	below who is/	hereby	
beneficiary(ies) to receive	the death insurance	amount (sum assured) in	hereby ember(s) of my family as	
	6 .6		the event of my death.	
Name of Nominee/	1 · pr.	irst choice)		
Nominees	Relationship	Specification of Share	Contraction	
		·	Contact Number	
(· NOT. 11 ·				
ENUT OU	Hisdorial	132		
		100%	03109904744	
		4.0		
	(In case of death of	first choice) - 2 nd Option		
Name of Nominee/			다 살다는 지하다	
Nominees	Relationship	Specification of Share	Contact Number	
			- Transfer Transfer	
d br.				
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			03219062457	
I hereby certified that the abo	ve noted member(s)	of mark ()		
me.	(8)	of my family mentioned ar	e wholly dependent upon	
The earlier nomination made	hu //cc	· ·	*	
That is	by the (if any) may	kindly be treated as cancel	led and of no effect	
			21.0 011001	
		,		
DATED:		SIGNATURE OR THU	MB IMPRESSION OF	
5-9-26		THE EMPLOYEE		
3 - 3 - 9	100	She	210	
			4	
	R Physics			
	# 報告:			