

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

Form of	Nomination for I	leath I		
I Rugia n		Death Insurance for C	TC Employees	
CNIC #	S,	/d/w/o M. 1	CHW hereby	
nominate the person!		_ working as	PUL)	
beneficiary(ies) to receive	the death insurance	below who is/ are amount (sum assured)	member(s) of my family as	
	(F	irst choice)	event of my death.	
Name of Nominee/	Relationship	C 10		
Nominees		Specification of Shar	re Contact Number	
M. ILyas Abuhuxing	Husband		1.3100	
Abubas		50 %	03/01/86370	
- Saynuxoga	Son	50 %		
		3070	6313 3393385	
*	(In case of death of	first choice) - 2nd Optic		
Name of Nominee/			n ,	
Nominees	Relationship	Specification of Share	Contact Number	
	THE STATE OF THE S		. Johnact Number	
Barisa	100 miles			
D4 8189	Doquenter	100%	0312 11 2122	
**			0310 1186370	
I hereby certified that the abo	ve noted member(s)	Of my fair !	d are wholly dependent upon	
me,		of my family mentione	d are wholly dependent upon	
The earlier nomination made	by			
	by me (if any) may	kindly be treated as car	ncelled and of no effect	
D. (N. C.	CTC -		
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
5.9.2024		THE EMPLOYEE		
		touis		
	1 10 10 1		*. **	