

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

Form	of	Nomination	for Death Insurance for CTC Employees	S
W-1	. 1	· H - 18	17	

I Fashana No	sheen	6/d/w/o Ric	Employees agat bearing				
CNIC #_ 1730112	750000		bearing bearing				
nominate the person/ persons menting as hereby							
beneficiary(ies) to receive	the death insurance	d below who is/ are m	nember(s) of my family as				
	Thought the state of the state	d below who is/ are me amount (sum assured) in	the event of my death.				
(First choice)							
Name of Nominee/	Relationship	Specification of Share					
Nominees		-F - Saled to to State	Contact Number				
,	Date:						
Rifagat	husband	las d					
		100 %	03130191042				
	(In case of death o	of first choice) - 2nd Option					
Name of Nominee/	Relationship						
Nominees	relationship	Specification of Share	Contact Number				
	and the second						
**	F 100 x						
I hereby certified that the abome.	ove noted member(s) of my family mentioned a	are wholly dependent upon				
The earlier nomination mad	e by me (if any) ma	y kindly be treated as cance	ollod and of cc				
		y y and an earle	ened and or no effect				
DATED:		SIGNATURE OR THUMB IMPRESSION OF					
THE EMPLOYEE							
2-9-2024							