

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

Form of N	omination for D	eath Insurance for CTC	Employees
I_ Sanat Youse CNIC #_17301-1300	C		Linproyees
	S/	(d/w/o	mail bearing
CNIC # 17301-1300	45-80	Working as	bearing hereby
nominate the person/ per	rsons mentioned	below who is/ are m	hereby ember(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the event of my family as
	44 8 23 3		the event of my death.
NY CAN	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	CombactN
Nominees		- Oztaic	Contact Number
,	H SHI F I		6300-5829860
MWtaba	15	0	
	(w	50%	0300.5829860
Husher	, Cu	50%	
	1 181	0 /	
	in case of death of	f first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/	Relationship	Specification of Share	Cartan
Nominees		- Formation of Share	Contact Number
Abdutahman			
Maugahman	Son	160/. D	300,5829860
I hereby certified that the above me.	e noted member(s	) of my family mentioned a	aro richalla. J
me,		, , , , , , , , , , , , , , , , , , ,	are wholly dependent upon
The earlier nomination made h	ov me (if any)	1	
The earlier nomination made h	by me (if any) may	Kindly be treated as cance	elled and of no effect
4 11,37, 4.			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
2-9-024			
1-1-07			
	1 44		