

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

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Form of M.			
Form of Nomination for Death Insurance for CTC Employees			
I Coht Con			
Sabit Gul s/d/w/o Khitab Gul bearing  CNIC # 212013690 450-3			
CNIC # 313013690 453-3 working as			
nominate the person/ persons mentioned below hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
			or officer of my deadi.
(First choice)			
Name of Nominee/	Relationship	C 10	
Nominees	Relationship	Specification of Share	Contact Number
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(In case of death of Co. ).			
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship	C 'C' - 1' - 1 CT	
Nominees	Relationship	Specification of Share	Contact Number
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	-		
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Thereby cortified that the all and the standard of the standar			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	A		- 1

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

2/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

THE EMPLOYEE