

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

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Ab	id	18/26/2	4
CNIC # 311	5)	a/w/o Almas	khan bearing
		7 0	
beneficiary(ios) to reasing it	rsons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (sum assured) is	n the event of my death.
	and the second s	irst choice)	<i>y</i> ************************************
Name of Nami		ast choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ronnices			
Almas knan	Falher	100%	
	1	100	0331-4200076
	1		
(In case of death of first choice) -2^{nd} Option			
	in case of death o	of first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I validel
land land			
Muhammarel Zahid	Brother	100%	0334 8675501
I hereby certified that the above	ve noted member(s) of my family mentione	d are wholly donon dont
me.			a are whony dependent upon
The earlier nomination made	h (:C)		
The earlier nomination made	by me (if any) ma	ly kindly be treated as car	ncelled and of no effect
,	81 N 89 N 1 N		
	1		
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
	THE EMPLOYEE		
29/08/2024			(mabid
		10	