

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

## Form of Nomination for Death Insurance for CTC Employees

0114	ommanon for D	eath Insurance for CT(	C Employees
I UMAR FARBOO	S/	d/w/o Acal i-	
CNIC # 919 -1 211.2/	211	a regarder	n bearing
200 # 21201-31424	96-1	working as	bearing hereby
nonumate the person/ pe	rsons mentioned	below who is/ are n	nember(s) of my family as
beneficiary(ies) to receive the	ie death insurance	amount (sum assured) in	the executed arm I do
		( and discurrent) in	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	CombatNi
Nominees	1	-r State of State	Contact Number
044			
PALWASHA	Wife	100	1215 0100 01
	ě	100	0310-9692091
	i i		
	1, 1,		
	(In case of death o	f first choice) – 2 <sup>nd</sup> Option	ı
Name of Nominee/	Relationship	Specification of CI	
Nominees	relationship	Specification of Share	Contact Number
Agal jon	Fadher	100	222019
	10011101	100	03339133313
	ř.		,
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	i	-) J	and whony dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	2. 2.		
*			
		SICNIATIDE OD T	TIIIMD IMPORTATIONS OF
DATED: SIGNATURE OR THUMB IMPRESSION THE EMPLOYEE			
*	1	11115	
29-8-2024 James			
29-8-024			624
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