

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

Form of Nomination for Death Insurance for CTC Employees			
GULMIY	s/	d/w/0 00000000	
I Gulmy s/d/w/o meyoric bearing CNIC # 21201-585029 9-1 working as EHW hereby			
nominate the person/ persons mentioned help 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 event of my death.			
different (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	Control
Nominees	1	-r consecution of Shale	Contact Number
	1 1	1	
SHOOT BIBI	wife	1001	
	WITE	50%.	03459233881
Mooken	Brother	50%	03225454145
			10322393919
(In case of death of first choice) – 2 nd Option			
NT. CAY			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ronunees			
Icefayath	Brother	100%	0215929151
1)		100	03458796506
I hereby certified that the above noted mambar(s) of any (s)			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
e e			
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
10101011	i.	THEE	MPLOYEE
8710812024	»: »:	28/	and the same of th