

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

Form of Non-			
Form of Nomination for Death Insurance for CTC Employees			
I Rabiullah s/d/w/o Inbul bearing			
CNIC# 2/20/-1623806.9			
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.			
(First choice)			
Name of Nominee/ Nominees	Relationship	Specification of Shar	e Contact Number
Nonunees			Contact Number
T. 1 0			
19bal	fathes	100%	212 927/11/5
		100/.	0313 927/445
	<u> </u>		
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Control
Nominees	1	opecation of Share	Contact Number
Bahtullah	Della		
Day y Wear	Brother	100/.	0314-9244385
I howelve and Co. I d. I and I			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	<b>f*</b>		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
ē.			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
2	THE EMPLOYEE		
1-102024	ä		RAL