

[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 M. Rahim s/d/w/o Mahid Coul bearing CNIC # 21201-693 493-7-3				
CNIC # 212 4 16 2	S/	d/w/o Mahid (bearing bearing	
CNIC # <u>21201-693 U93 7-3</u> working as <u>C. H. (U)</u> hereby hereficiary(ies) to receive the death insurance amount (sum assured) in the death (sum assured) in the d				
beneficiary(jes) to receive it	rsons 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.				
	2.5	irst choice)	6	
Name of Nominee/	Polotional:			
Nominees	Relationship	Specification of Share	Contact Number	
C1 1 1				
Showns heed	13 rother	100%	0313-9144279	
	*** 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
(In case of death of first choice) – 2 nd Option				
			II.	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
ronunees				
Arshad	Brother	100 %		
			0313-9144279	
I horoby applified at a second control of the second control of th				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
	t.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
	2.			
	ļ.			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1-10-2024		MPuss	(4-	