

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

Form of Nomination for Death Insurance for CTC Employees

	101 101 1	Death Insurance for CT	Employees
INail	la s	6/d/w/o M- Yahyo	Projects
CNIC # 173 01 91	1,010 1	, a, w, o 11-1 any c	bearin
nominate the person/	66843-6	_ working as(2-H-W harah
beneficiary(jes) to receive	persons mentioned	d below who is/ are n	hereber(s) of my family a
(ics) to receive	e the death insurance	d below who is/ are n e amount (sum assured) in	the event of my death
		First choice)	, , , , , , ,
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
M-Zeeshan	Brother	100%	0311-0905441
	£-		
	71	4	4
Name of Nominee/ Nominees	Relationship	of first choice) – 2 nd Option Specification of Share	Contact Number
			_
hereby certified that the al ne.	bove noted member(s) of my family mentioned	are wholly dependent upon
harante de la companya de la company			
ne earlier nomination mad	de by me (if any) ma	y kindly be treated as cano	elled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
0 0 01		THE EI	MPLOYEE
10-8-2024		N HIA	
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