

[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 Khitab Cal s/d/w/o Lal Alchar bearing CNIC # 2/20/- 1/03971. Continued and the second continu				
s/d/w/o tal Alchan bearing				
CNIC # 2/20/- 1/0327/-5 working as				
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.				
Nome (First choice)				
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
TVOITUNEES			Contact Number	
	1 1			
Folima BiBi	Matter	in a al	0300	
NI P	TOTALL	100%	0300	
		41		
(In case of death of Co. 1				
(In case of death of first choice) – 2 nd Option				
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
inominees		4	Somet Ivalibel	
05				
Siras	Brother.	100/	0300 5732899,	
	<u> </u>	/		
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
	ti e			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
The state of the effect				
		SIGNATI IRE OR TE	HIMP IMPRECIONS OF	
DATED:	\$ B.	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
01-10-2026				
	4 .	-(K)		