

[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 Naseer Ali s/d/w/o ggbal Hussain bearing			
CNIC # 2/20/-6847235-9 working as CHW 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.			
- x			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
A 1 0 M	- H		20 5101
Igbal Hussain	talher	100 %	0302-5184414
Hazzat Ali	Brother	100%	0309-5635619
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
Mehna 3	wife	100 %	0323-9175881
The b	U	100 10	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The continuous institution and a large (Company) and the large (Company) and t			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
CICNATUDE OD TILIAR IMPRECCIONI OF			
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
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30/09/2024			