

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

Form of No	omination for D	eath Insurance for CTC	
T Chalis, Als.	1	cath hisurance for CTC	Employees
I Shakir wellah	s/	d/w/o_A446 18	locals .
CNIC # 21201-677	1200 7		bearing
nominate the person/ no	107-7	_working asA	hereby
P CIDOIL/ DC.	Lauria III Philana	6010 7 1 /	
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death.
		irst choice)	
N. C.		ast choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees	4 '0		Contact Number
	Wife	50%	03362020824
Crismeens			75020200 27
Cusineria			
	1		
	In case of death o	f first choice) – 2 <sup>nd</sup> Option	
		option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I vaniber
7.0- 11	- 1		605/ 606/
18 Fan Alcenic Sha	50%	Soh	03362620824
,	li a		
I hereby certified that the above	re noted mambaul		
I hereby certified that the above me.	re noted member (	s) of my family mentioned	are wholly dependent upon
	*		
The earlier nomination made	by me (if any) ma	v kindly be treated as can	celled and of no offert
		y a substitution as care	cented and of no effect
		SICNIATI IDE OD T	III) (D. I.) (DDDCCCCC
DATED:			HUMB IMPRESSION OF MPLOYEE