

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

Form	of Nomination for	Death	Insurance for	CTC	Employees
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TOTH OF IVE	imination for D	eath Insurance for CT	C Employees			
I_Tahircella	6	10/2012	9			
CNIC # 2/201 - 02= 1=	5/	u/w/o geef sar	Jan bearing  Ao S hereby			
nominate the paragraph	01-1	_ working as	Ao S hereby			
beneficiary(jes) to receive the	sons mentioned	below who is/ are a	member(s) of my family as			
beneficiary(ies) to receive the	e death insurance	amount (sum assured) ir	n the event of my death.			
		irst choice)				
Name of Nominee/	Relationship	Specification of Share	Contact Number			
Nominees			Contact Ivalider			
101 105 0000						
1 Chadita BiBi	Wife	100%	03331331534			
		A 17				
, (	In case of death o	f first choice) – 2 <sup>nd</sup> Option	n			
Name of NT.						
Nominees Nominee	Relationship	Specification of Share	Contact Number			
1/1.092 20:00	4	1001.				
1Choga mina	Mother	100%	03331331534			
-1		a B				
I hereby certified that the above	ve noted member(	s) of my family mentioned	d are wholly dependent upon			
me.	e S					
The earlier nomination made	by me (if any) ma	y kindly be treated as car	ncelled and of no effect			
a a						
DATED:			SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
29/2/2024	i.	IIIE	LIVII LOTEE			
21/4/2029		( )	la while			