

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

Form CNT			
Form of Nomination for Death Insurance for CTC Employees			
I Aziz ullah s/d/w/o Maroo f Ichan bearing CNIC # 21201-3898 [87-1]			
CNIC # 2/201 2000000 1 bearing			
CNIC # 21201-3898187-1 working as AS 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 (1)			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	Carlana
Nominees		1 Of Grane	Contact Number
Maroof lehan.	T. H.		
and the second second	Lather	So %	03339339717
Alia H217	110060	Carle	
0.0	COLTY E.	30.70	03061212038
(In case of death of first choice) – 2^{nd} Option			
Name of Nominee/	_		
Nominees	Relationship	Specification of Share	Contact Number
000	10		
Afia Aziz	Wife	100%	3329218038
00			352/40038
I haraby could did at			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
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The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
that y be treated as cancelled and of no effect			
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DATED:		SIGNATURE OR THUMB IMPRESSION OF	
1/1/2/2021	Ĭ.	THE EMPLOYEE	
110/00/4		8. Fu # 1	A B h