

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

Form of N	Omination for D	
Form of Nomination for Death Insurance for CTC Employees I Arif Shah s/d/w/o Iaj Muhammad bearing CNIC # 21202-3002670-3 working as		
CNIC # 2/202-2027	s/d/w/o_/aj	Muhammad bearing
The parcon	0	
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.		
	(First choice)	area, in the event of my death.
Name of Nominee/	D.1	
Nominees	Relationship Specification of	of Share Contact Number
Zakia Arif	wife in %	
	Wife 100%	0348029684
	And Constitution of the Co	
(In case of death of first choice) - 2nd Option		
Name of Nominee/ Nominees	Relationship Specification of S	Share Contact Number
		·
29kia Arif	wife 100%	1211 Ca 2010
Thereby confice that		03480296811
me.	noted member(s) of my family men	ntioned are wholly dependent upon
The earlier nomination 1		dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect		
•		
DATED:	SIGNATURE	OR THUMB IMPRESSION OF
19/09/2024	THE EMPLOYEE	
A shah		
1		
		\$ Section 1