

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

TRAINING & CONSULTING Form of N	[CTC – HRO – [Insu	PTPP – Recruitment & Selection rance Nomination form – June 20	024]
Form of Nomination for Death Insurance for CTC Employees			
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CNIC # 9/9 7745/0	0 0 0	The second secon	
nominate the person/ persons mentioned later working 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 the event of my death.			
in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specifically (2)	
Nominees		Specification of Share	Contact Number
1			
Casa+ / li	Brother	00 %	0203 (99/00*
Acad ullab	21	(00 %	03035996220
- se ochali	1 to her	(00 /3	0345 6891907
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		-F	Contact Number
0/1/10			
Choukat (1)	Brown	100 %	03479808184
I hereby certified that the abo	ve noted member/	c) of many (
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			and of Ho effect
		* 1	1
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
r-9 1.4.		THE EMPLOYEE	
3 1-27		12 O Quet =	
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