

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

		in june	
			÷.
Form of Nomination for Death Insurance for CTC Employees			
Tolk and the second of the Employees			
I Fareed was s/d/w/o RAHMAN JAN bearing			
CNIC # 2/202 - 63 80	408-1	· · · · · · · · · · · · · · · · · · ·	bearing
CNIC # 2/202-6388658-1 working as Co How 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).			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
$W_{ij} = W_{ij}$			
(First choice)			
Name of Nominee/ Relationship Specification (C)			
Nominees	Relationship	Specification of Share	Contact Number
HAURA BIBI	6		
THE KIT BIB!	COME	100/	6300- Creu220
M.ZOHAIB		/	0300-5054339
10 ZO HAIB	Brother	100 /	
			0300-5054239
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship		
Nominees	Relationship	Specification of Share	Contact Number
	8 18:		
TAJORA BIBI	00 7	,	
JORA BIBI	Mother	100/	1200 - F- F
			0300-5054339
I hereby certified that the abo			
me.	ve noted member (s) of my family mentioned	are wholly dependent
	17 1811		
The earlier nomination made by making			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			The chieff
**		•	
~		CICNIATION	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
		THE	MPLOYEE
5/9/2024			Durch Statin
	1 251 111 1	· 17	3/1/27