

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

Form of Nomination Co.			
Form of Nomination for Death Insurance for CTC Employees			
s/d/w/o_Chinax Gul			
CNIC # 21202 890/0271 bearing			
I Natrat which s/d/w/o Chinax Gul bearing CNIC # 21202 890/0271 working as C. H. w hereby beneficiary(ies) to receive the death insurance amount (sum assured) in the contract of the serious serious serious for CTC Employees beneficiary (ies) to receive the death insurance amount (sum assured) in the contract of the serious			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
() • 5:1			
Name of N			
Name of Nominee/	Relationship	Specification of Shar	e Contact Number
- Conditions		* 1	Contract Number
1 0 1			
Lalma/s of	wife	100 0/0	A200 EE 11199
Calmas al	1 4	1	0.302 55 11199
Start them	Brollen		0300 9043316
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship		
Nominees	440	Specification of Share	Contact Number
M. Impon	12 2#		0000101
	Brother		0335 9689486
I hereby certified that the ab			
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			
		,	decired and of no effect
8			-1
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
5-9-2024		THE EMPLOYEE	