

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

Form of l	Nomination for Death Insurance for CTC Employees
T 00 1	in the force of the ployees
1 Williammad Jo	s/d/w/o Dulat Shah bearin
Chiro "	bearin
CNIC# 21202-5580	2014
nominate the person/ r	ersons mentioned below who is/ are member(s) of my family a
beneficiary (ies) to receive	hadded is member (s) of my family a
) (-100) to 10001/6	he death insurance amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/	Relational
Nominees	Relationship Specification of Share Contact Number
04	
Muhammad Jawad	Brother 100% 03449300975
	03449300975
Lafran	Cousin look
	0300 5020918
	(In case of doath of the I
,	(In case of death of first choice) – 2nd Option
Name of Nominee/	Relationship Specification of Share Control N
Nominees	Relationship Specification of Share Contact Number
	8 18.
Thereby contification	
the ab	ove noted member(s) of my family mentioned are wholly dependent upon
me.	mentioned are wholly dependent upon
	D 19.11
The earlier nomination mad	e by me (if any) may kindly be treated as cancelled and of no effect
*	Among be treated as cancelled and of no effect
· .	
*	
DAGER	SIGNATURE OR BUTTER
DATED:	SIGNATURE OR THUMB IMPRESSION OF
actal	THE EMPLOYEE
05/04/2029	Aus
:	
:	
:	