

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

Form of Nomination for Death Insurance for CTC Employees			
- Seibfill Khon	<i>y</i> s/	'd/w/o (*)	112000
I Selbjer 15 horn s/d/w/o bearing CNIC # 2120 5769719-3 working as C-H-w hereby			
nominate the person/ persons montion I live 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.			
assured) in the event of my death.			
Name of N.	<u> </u>	irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
rvonmiees			Contact Number
MORJATTOR Libi	wife		
	N. 1		0.311-9912626
	N.		
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 State of Grance	Contact Number
		,	
Montagna bibi	wife	п п	0311 991 26 26
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The carlier nomination			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
ü			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
.2/09/2024	i .		
		CAF	