

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

Forms (27				
Form of Nomination for Death Insurance for CTC Employees				
I				
s/d/w/o Noorjalil				
CNIC # 17301-670 93129 Dearing				
nominate the person/ persons mentioned by				
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 overtest				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Name				
Nominees	Relationship	Specification of Share		
Tronmiees		1 STATE OF CHAIR	Contact Number	
maghas				
That	Son	- 100%	03334248403	
-			03339248463	
(In case of death of first choice) – 2 <sup>nd</sup> Option				
NI. CO	ii ii deam of	111st choice) - 2nd Option	1	
Name of Nominee/	Relationship	Specification of Share		
Nominees		of semication of Share	Contact Number	
			14	
13 mail	Brother	100%	000	
			0333-9392793	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	i.	, and a second	are whony dependent upon	
The earlier nomination made l	277 ma /if - \			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
*				
DATED:		SIGNATURE OR TH	HIMR IMPRESSION OF	
	3 h	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
0/9/24	*.	4 1		
-	å ,	Justin 1		