

DATED:

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

Form of Nomination for Death Insurance for CTC Employees			
I Muhammad Noos s/d/w/o Gul Haidar Khan bearing CNIC # 212016176 5043			
s/d/w/o Gul Haidar Khan howing			
CNIC # 2120161765043			
CNIC # 2120161765043 working as C. H. Whereby			
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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nomines /			
Nominees	Relationship	Specification of Share	Contact Number
Haya Noor	bretter	100 %	
	100 occopy	700 70	03329804655
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Chariffant' (Cl	
Nominees	relationship	Specification of Share	Contact Number
		*	The state of the s
2			
zarnali	Boother	100%	0.22120-7
		10	03318595471
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	t .		dependent apon
The earlier nomination made by mo (if any) 1: II I			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			

SIGNATURE OR THUMB IMPRESSION OF

THE EMPLOYEE