

[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_Kalsoom			Employees
CNIC # 17301 - 7221			ad ismail bearing  HWI hereby
beneficiary(ics) to read in	rsons mentioned	below who is/ are m	ember(s) of my facility
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.  (First choice)			
Name of Nominee			
Nominees	Relationship	Specification of Share	Contact Number
Mulan and in al			
Muhammael ismail	Husband	10040	03431927875
		V 8.0	1010
	In case of death o	f first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/	1		
Nominees	Relationship	Specification of Share	Contact Number
1000	Daughter		
	Bargheer	100%	302-5840228
I hereby certified that the above noted months (			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	11 (33)		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		18 %	
DATED		SIGNATURE OR TH	TIMP IMPRESSION OF
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
31912024			