

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

Form of Nomination for Death In-			
Form of Nomination for Death Insurance for CTC Employees I Rabia BIRI s/d/w/o Sanda Shah bearing CNIC # 17301-7741099 (
	- 1/1/21	111 1	
CNIC # 17 301 771		14/W/0	0198 Shah bearing
nominate the	11099.6	_ working as	2 11.
heneficiery/	persons mentioned	below who is/	hereby
CNIC # 17301-7741049.6 working as 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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
		First choice)	
Name of Nominee/	1 1 200		
Nominees	Relationship	Specification of Shar	e Contain
			e Contact Number
	The property of the second		
Sardax	FALLA		
100000	19Thes	100	001-00-10
			03470957412
	1 8 18		
	(In case of do it	***	
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship		
Nominees	I I I I I I I I I I I I I I I I I I I	Specification of Share	Contact Number
15	8 14.		
Lulfat	mother	100	-1 - 0(7/40
		100	03430957412
**		,	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.		of my family mentioned	d are wholly dependent upon
The			-
The earlier nomination made	by me (if any) may	kindly he treated	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*	70		
DATED: SIGNATURE OR THUMB IMPRESSION OF			
THE EMPLOYEE			
3-9-24			
			(a) (b) (c)

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