

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

## Form of Nomination for Death Insurance for CTC Employees

=	THE TOTAL TOTAL	Jeath Insurance for CT	C Franlows
I Macod Muhammad s/A/W/b Noomatkham bearing			
s/d/w/b Noognat Khara			
CNIC # 21201-046295			bearing bearing
CNIC # 212-01-0463231-9 working as bearing nominate the person/ persons mentioned below who is/			
heneficial (i) persons mentioned below who is/ are member(i) nereby			
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.			
in the event of my death.			
(First choice)			
Namo of Nam:	·		
Name of Nominee/	Relationship	Specification of Share	G. I. IV
Nominees		1 Section of Chare	Contact Number
	L ii a		To the same of the
Sanam BiBi	we		
CD. B.	uge	100%	
MARI III (1 III)	. +		03349292609
NAHLAMMAN AYOUB	Backer	100%	
			03249292609
(The second of the second of t			
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/			•
Nominees	Relationship	Specification of Share	Contact Number
1 tondices	1	The state of the s	
		-	
MULammad About	Brathers	1000/	
Abour	Dawinceo	100%	033/1000
			03349292609
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
(and of no effect			
~	SIGNATURE OR THUMB IMPRESSION OF		
DATED:	j 1.	THE EMPLOYEE	
TITE ENT LOYEE			A /
219/2°24 Munda		a-	
	2 y	1 · Hun	