

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

Form of Nomination for Death	Insurance for CT	'C Employees
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Form of Nomination for Death Insurance for CTC Employees				
I <u>Salidklan</u> s/d/w/d <u>Galwankkan</u> bearing CNIC # <u>21201262527/7</u> working as <u>C-H-W</u> hereby nominate the person/ persons mentioned below who is/ are member(s) of my family				
CNIC # 2/20/2025	7717	9/4/9 <u>5-alivants</u>	bearing bearing	
nominate the person/ pe	rsons mentioned	_ working as	H-W hereby	
beneficiary(ies) to receive th	e death incurance	below who is/ are r	hereby nember(s) of my family as	
beneficiary(ies) to receive th	e death hisurance	amount (sum assured) ir	the event of my death.	
	4.4	irst choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
	4			
Margi BIBF	Wife	100%	03348962965	
			-5 (2000)03	
. (In case of death o	f first choice) – 2 nd Optior	1	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		1 State of Share	Contact Number	
ذميور مان	NIO	100%	03348202965	
			100000	
I hereby certified that the abou	ve noted member(s) of my family mentioned	l are wholly dependent upon	
The earlier nomination made	by me (if any) ma	y kindly be treated as can	celled and of no effect	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
19/2024	€ .	Sw		