

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

	Form of I	Form of Nomination for Death Insurance for CTC Employees							
	I Sahib	CI.	the for CIC Employees						
	I Sahiba s/d/w/o Afzal bearing CNIC # 17301-81320 G4								
	CNIC #	cnic # 17301-81300 Gyworking as bearing ominate the person/ persons mentioned below who is/							
nominate the person/ persons marting I I I				Hu hereby					
	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 a				the event of my death.					
	(First choice)								
	Name of N								
	Nominees	Relationship	Specification of Share	Contact NI					
	ronniees			Contact Number					
	C1 O G								
	Sher afzal	Husband	1000	03321574801					
			100%	033213 74801					
		(In case of death of first choice) – 2 nd Option							
	Nome of NT								
	Name of Nominee/	Relationship	Specification of Share	Contact Number					
	Nominees			Contact Number					
		-							
	Anum	Duaghter	1						
	V) // JOF //	1,500-100-0	100°						
I hereby certified that the above noted manufactory									
]	I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.								
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect									
					DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE				
									IUMB IMPRESSION OF
VIPLOYEE									
00	-0-04			übse					