

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

201111 01 14	difficultion for D	eath Insurance for CTC	Employees
I ASh scat CNIC # 17031-4310 nominate the person/ per	s/	/d/w/o	houring
CNIC # 17031-43 10	966-4	4.	bearing
nominate the person/ per	rsons mentioned	_ working as	hereby hereby
nominate the person/ perbeneficiary(ies) to receive the	e death insurance	below who is/ are me	ember(s) of my family as
y (e deddi iisdiailce	amount (sum assured) in t	the event of my death.
A	(First choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
11161	سؤير	100%	
312)		/00 /	0314-9709318
,	T		
	in case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I vanilber
	18 801 T		
61120			
	John	100%	7
I hereby certified that the abov	e noted member(s) of my family mentioned a	are wholly dependent upon
me.	`		are whony dependent upon
The earlier nomination made	h (:C)	1	
The earlier nomination made	by me (if any) ma	y kindly be treated as canc	elled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
00 0 01	THE EMPLOYEE		
12-8-24 Eshelat			6