

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

Form of Nomination for Death Insurance for CTC Employees			
I_ la		Ziourance for CT	CEmployees
	-/	/d/w/o	bearing bearing
CNIC # 17301/2 nominate the person/ per	52600	7.	
nominate the person/ per	rsons mentioned	below when	nember(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (arrest	nember(s) of my family as
beneficiary(ies) to receive the		amount (sum assured) in	the event of my death.
	(F	irst choice)	
Name of Nominee/	Polotionali		
Nominees	Relationship	Specification of Share	Contact Number
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ولا 1 قص		30 /	03339356176
Spl Jlug [	س	50	
	ì		
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Combact NI
Nominees		of sometion of Share	Contact Number
	Sa va V		
1 1 2	12		
قمالوزر	Cu	100	03149356171
			011130176
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	c noted member (s	s) of my family mentioned	are wholly dependent upon
	#: 3		
The earlier nomination made l	by me (if any) ma	y kindly be treated as can	celled and of no effect
	1		
		SIGNATURE OR T	HUMB IMPRESSION OF
DATED:	\$ A.	THE EMPLOYEE	
12,8,14	8.		
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