

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

TOTH OF	Nomination for D	eath Insurance for CTC	Employees
I_ Nabila			
- Annyas	S/	'd/w/oMunto	bearing
CNIC # 17301-641	58656	working as	111
nominate the person/	persons mentioned	below who is/	hereby ember(s) of my family as
beneficiary(ies) to receive	the death insurance	amount (sum assured) in the	ember(s) of my family as
		amount (sum assured) in t	he event of my death.
	(F	irst choice)	
Name of Nominee/	D1: 1:		
Nominees	Relationship	Specification of Share	Contact Number
1 vonunees			į
M. Muhadic	Son	1003	0//=000
	301	100 %	03129645839
M. Muhadis Muazma	D/O.	100%	03129645839
			USIZW WOO
ÿ.	(In case of death o	f final alasian Out Out	
	(in case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I vaniber
M. Muhadis	Son	160 %	03129645839
			031009383
I hereby cartified that the al	20110 m oto d ma omala a		
me.	ove noted member	s) of my family mentioned a	are wholly dependent upon
The earlier nomination made	de by me (if any) ma	ay kindly be treated as canc	elled and of no effect
*			
		SIGNATI IRE OR TH	IUMB IMPRESSION OF
DATED: THE EMPLOYEE			
00.0.01	4	Ω .	
28.8.24			