

## [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 Samp Gul soldwo Wide Gul bearing  CNIC # 21201-6204042-9			
s/d/w/o Widgn Gin			
CNIC # 21201-6204049-9 bearing			
CNIC # 3130/-6304049-9 working as Aw 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.			
and the death insurance amount (sum assured) in the event of my death.			
		irst choice)	
Name of Nominee/	<u>,                                     </u>	1111200)	
Nominees	Relationship	Specification of Share	e Contact Number
- voltatiees			Contact Number
94. 2000 C D'1'	20		
Yasmeen Bibi	wite	100%	200 000
		100/1	03338751040
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	T	The state of the s	
Nominees .	Relationship	Specification of Share	Contact Number
Trondings		Į Į	
1 1 0			
mehrab and	Brother	100/	222 2227620
		/ 00/.	03028897599
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.			
77			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			area of the effect
		SIGNATIBEODT	
DATED: SIGNATURE OR THUMB IMPRESSION THE EMPLOYEE			FMPI OVEE
	1	- 1/	
1	d .	Solve	
6- Sep - 2024			