

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

Form of	Nomination for D	eath Insurance for CTC	E
7 9		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employees
	s/	d/w/o Rial	bearing
CNIC # 17301-8	107184-2	1.	Dearing
nominate the person/	persons montional	_ working as	HW hereby
beneficiary(ies) to receive	the death :	below who is/ are me	ember(s) of my family as
beneficiary(ies) to receive	the death insurance	amount (sum assured) in	the event of my death.
		irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		- Total of Office	Contact Number
	# * * * * * * * * * * * * * * * * * * *		
Riaz	husbend	100%.	0361233601
	(In case of death o	f first choice) - 2nd Option	
7× (2×	# 1 %		
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
I haven	2 15	1 C. V	
Arifa	Daughter	100%	
I hereby certified that the al	have noted member	's) of my family mantioned	are wholly dependent upon
me.		s) of my family members	are whorly dependent upon
The earlier nomination ma	de by me (if any) ma	ay kindly be treated as can	celled and of no effect
**			
	H 3.	SIGNATURE OF T	HUMB IMPRESSION OF
DATED:			EMPLOYEE
11/0/24	1		
4/1/00/	8	- Dans	
	The state of the s		